Enrollment Guide
American Library Association
PPO/HMO
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>Question</th>
<th>Answer</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the overall deductible?</strong></td>
<td>$0</td>
<td>See the Common Medical Events chart below for your costs for services this plan covers.</td>
</tr>
<tr>
<td><strong>Are there services covered before you meet your deductible?</strong></td>
<td>No.</td>
<td>You will have to meet the deductible before the plan pays for any services.</td>
</tr>
<tr>
<td><strong>Are there other deductibles for specific services?</strong></td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td><strong>What is the out-of-pocket limit for this plan?</strong></td>
<td>$1,500 Individual / $3,000 Family Prescription drug expense limit: $1,000 Individual / $2,000 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><strong>What is not included in the out-of-pocket limit?</strong></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><strong>Will you pay less if you use a network provider?</strong></td>
<td>Yes. See <a href="http://www.bcbsil.com">www.bcbsil.com</a> or call 1-800-892-2803 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><strong>Do you need a referral to see a specialist?</strong></td>
<td>Yes.</td>
<td>This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.</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>Primary care visit to treat an injury or illness</td>
<td>$30/visit</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$50/visit</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>If you have a test</strong></td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay</td>
<td>Limitations, Exceptions, &amp; Other Important Information</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------------</td>
<td>-------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>In-Network Provider (You will pay the least)</td>
<td>Out-of-Network Provider (You will pay the most)</td>
<td></td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>$10/prescription (retail) $20/prescription (mail order)</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>$40/prescription (retail) $80/prescription (mail order)</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$60/prescription (retail) $120/prescription (mail order)</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>$80/prescription (retail)</td>
<td>Not Covered</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room care</td>
<td>$150/visit</td>
<td>$150/visit</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Urgent Care</td>
<td>$30/visit</td>
<td>Not Covered</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/mqqt7oe3pw39xxrjyjwld7azz501hhl.
<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>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>$100/day</td>
<td>Not Covered</td>
<td>Referral required. $100 copayment for the 1st 5 days per calendar year.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>$30/visit</td>
<td>Not Covered</td>
<td>Unlimited visits. Referral required.</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>$100/day</td>
<td>Not Covered</td>
<td>Unlimited days. Referral required. $100 copayment for the 1st 5 days per calendar year.</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>$30 PCP/$50 SPC/visit</td>
<td>Not Covered</td>
<td>Copayment applies for the 1st prenatal visit only. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment 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>No Charge</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>$100/day</td>
<td>Not Covered</td>
<td>Referral required. $100 copayment for the 1st 5 days per calendar year.</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral Required.</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>$30/visit</td>
<td>Not Covered</td>
<td>60 visits combined for all therapies. Referral required.</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>$100/day</td>
<td>Not Covered</td>
<td>Excludes custodial care. Referral required. $100 copayment for the 1st 5 days per calendar year.</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral 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).</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Inpatient copayment may apply. Referral required.</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay In-Network Provider (You will pay the least)</td>
<td>What You Will Pay Out-of-Network Provider (You will pay the most)</td>
<td>Limitations, Exceptions, &amp; Other Important Information</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Children's eye exam</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Limited to one exam every 12 months at participating providers.</td>
</tr>
<tr>
<td></td>
<td>Children's glasses</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Children's dental check-up</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>None</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.)**

- Custodial care
- Dental care (Adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

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

- Acupuncture
- Bariatric surgery
- Chiropractic care
- 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 in vitro attempt maximum with special approval up to 6 per benefit period)
- Most coverage provided outside the United States. See [www.bcbsil.com](http://www.bcbsil.com)
- Routine eye care (Adult)
- Routine foot care (only in connection with diabetes)
- Weight loss programs (except when non-medically supervised)
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 1-800-892-2803 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.ccio.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 1-800-892-2803 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 1-800-892-2803.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码1-800-892-2803.
Navajo (Dine): Dinek’ehgo shika at’ohwol ninisingo, kwijijo holne’ 1-800-892-2803.

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.

<table>
<thead>
<tr>
<th><strong>Peg is Having a Baby</strong></th>
<th><strong>Managing Joe’s Type 2 Diabetes</strong></th>
<th><strong>Mia’s Simple Fracture</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(9 months of in-network pre-natal care and a hospital delivery)</em></td>
<td><em>(a year of routine in-network care of a well-controlled condition)</em></td>
<td><em>(in-network emergency room visit and follow up care)</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ The plan’s overall deductible</td>
<td>■ The plan’s overall deductible</td>
<td>■ The plan’s overall deductible</td>
</tr>
<tr>
<td></td>
<td>■ Specialist copayment</td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td>■ Hospital (facility) copayment</td>
<td>$100</td>
</tr>
<tr>
<td></td>
<td>■ Other</td>
<td>$0</td>
</tr>
<tr>
<td><strong>This EXAMPLE event includes services like:</strong></td>
<td><strong>This EXAMPLE event includes services like:</strong></td>
<td><strong>This EXAMPLE event includes services like:</strong></td>
</tr>
<tr>
<td>Specialist office visits <em>(prenatal care)</em></td>
<td>Primary care physician office visits <em>(including disease education)</em></td>
<td>Emergency room care <em>(including medical supplies)</em></td>
</tr>
<tr>
<td>Childbirth/Delivery Professional Services</td>
<td>Diagnostic tests <em>(blood work)</em></td>
<td>Diagnostic test <em>(x-ray)</em></td>
</tr>
<tr>
<td>Childbirth/Delivery Facility Services</td>
<td>Prescription drugs</td>
<td>Durable medical equipment <em>(crutches)</em></td>
</tr>
<tr>
<td>Diagnostic tests <em>(ultrasounds and blood work)</em></td>
<td>Durable Medical Equipment <em>(glucose meter)</em></td>
<td>Rehabilitation services <em>(physical therapy)</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Total Example Cost</strong></th>
<th><strong>$12,700</strong></th>
<th><strong>$5,600</strong></th>
<th><strong>$2,800</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In this example, Peg would pay:</strong></td>
<td><strong>In this example, Joe would pay:</strong></td>
<td><strong>In this example, Mia would pay:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cost sharing</strong></td>
<td><strong>Cost sharing</strong></td>
<td><strong>Cost sharing</strong></td>
<td></td>
</tr>
<tr>
<td>Deductibles</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Copayments</td>
<td>$100</td>
<td>$1,000</td>
<td>$400</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>What isn’t covered</strong></td>
<td><strong>What isn’t covered</strong></td>
<td><strong>What isn’t covered</strong></td>
<td></td>
</tr>
<tr>
<td>Limits or exclusions</td>
<td>$60</td>
<td>$20</td>
<td>$0</td>
</tr>
<tr>
<td><strong>The total Peg would pay is</strong></td>
<td><strong>The total Joe would pay is</strong></td>
<td><strong>The total Mia would pay is</strong></td>
<td></td>
</tr>
<tr>
<td><strong>$160</strong></td>
<td><strong>$1,020</strong></td>
<td><strong>$400</strong></td>
<td></td>
</tr>
</tbody>
</table>

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: 855-664-7270 (voicemail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 E. Randolph St.</td>
<td>TTY/TDD: 855-661-6965</td>
</tr>
<tr>
<td>35th Floor</td>
<td>Fax: 855-661-6960</td>
</tr>
<tr>
<td>Chicago, Illinois 60601</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: 800-368-1019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence Avenue SW</td>
<td>TTY/TDD: 800-537-7697</td>
</tr>
<tr>
<td>Room 509F, HHH Building 1019</td>
<td>Complaint Portal: <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>العربية</td>
<td>إن كان لديك أو لدى شخص تساعد إستطاعت، لديك الحق في الحصول على المساعدة والمعلومات المضروبة بلغتك دون أي نقد. للتحدث مع مترجم، اتصل ب 855-710-6984.</td>
</tr>
<tr>
<td>中文</td>
<td>如果您，或您正在协助的对像，对此有疑问，您有权利免费以您的母语获得帮助和讯息。洽询一位翻译者，拨打号码 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>Gujarati</td>
<td>તમને અધયામાં તમને મંદ કરી શકેના અંગે તમે તમને કોઈ કછો જાણી શકો નથી તો તમને વેલા અથવા તમને વાદામાં મંદ અને મહત્વના માહીતી મેળવવાની એક સ્થિતિ છે. ઇન્ફોર્મેશનની સર્વે વાલા કબ્બા માટે આ નંબર 855-710-6984 પર કોલ કરો.</td>
</tr>
<tr>
<td>हिंदी</td>
<td>विदेशी आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपके अपनी भाषा म विषयक सहायता और जानकारी प्राप्त करना का अधिकार है। \n</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 권리는 그러한 도움과 정보를 귀하의 제언에 받을 수 있는 권리가 있습니다. 연락하실 수는 855-710-6984 로 전화하시십시오.</td>
</tr>
<tr>
<td>Polski</td>
<td>Jeżeli Ty lub osoba, której pomagasz, ma jakieś pytania, prawo do uzyskania bezpłatnej informacji i pomocy w Twoim 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 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 makakuhang ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagagalin-wika, tumawag sa 855-710-6984.</td>
</tr>
<tr>
<td>अर्दू</td>
<td>اگر شما یا کسی کمک کردنی دیگری نیاز دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید، جهت گفتگو با یک مترجم کمک شما، تماس حاصل نمایید. 855-710-6984</td>
</tr>
<tr>
<td>Tiếng Việt</td>
<td>Nếu bạn có tiếng Việt 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>
The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-892-2803 or at https://policy-srv.box.com/s/8z9bwxfoqfzw5f2tv9whpgz3y4thndc.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$0</td>
<td>See the Common Medical Events chart below for your costs for services this plan covers.</td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>No.</td>
<td>You will have to meet the deductible before the plan pays for any services.</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>$1,500 Individual / $3,000 Family Prescription drug expense limit:</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>$1,000 Individual / $2,000 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 1-800-892-2803 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>Yes.</td>
<td>This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>If you visit a health care provider's office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>$30/visit, Not Covered</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$50/visit, Not Covered</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/ immunization</td>
<td>No Charge, Not Covered</td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No Charge, Not Covered</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>No Charge, Not Covered</td>
</tr>
</tbody>
</table>

*For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/8z9bwxfoqfzw5f2tv9whpgz3y4thndc.*
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay 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 drugs to treat your illness or condition</strong></td>
<td>Generic drugs</td>
<td>$10/prescription (retail) $20/prescription (mail order)</td>
<td>Not Covered</td>
<td>34-day supply at Retail 90-day supply at Mail Order Rx Out-of-Pocket Expense Limit: $1,000 Individual / $2,000 Family Dispensing limit may apply to certain drugs. Self-injectable drugs covered at $50. 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. The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed $100, when obtained from a Participating Pharmacy. Specialty drug coverage based on group policy. Prior authorization may be required. Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens.</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>$40/prescription (retail) $80/prescription (mail order)</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$60/prescription (retail) $120/prescription (mail order)</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>$80/prescription (retail)</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td><strong>If you have outpatient surgery</strong></td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td><strong>If you need immediate medical attention</strong></td>
<td>Emergency room care</td>
<td>$150/visit</td>
<td>$150/visit</td>
<td>Copayment waived if admitted.</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>No Charge</td>
<td>No Charge</td>
<td>Ground transportation only.</td>
</tr>
<tr>
<td></td>
<td>Urgent Care</td>
<td>$30/visit</td>
<td>Not Covered</td>
<td>Must be affiliated with member’s chosen medical group or referral required.</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/8z9bwxfoqfzw5f2tv9whp52y4thndc](https://policy-srv.box.com/s/8z9bwxfoqfzw5f2tv9whp52y4thndc).
<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>
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</thead>
<tbody>
<tr>
<td>Facility fee (e.g., hospital room)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician/surgeon fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient services</td>
<td>$30/visit</td>
<td>Not Covered</td>
<td>Unlimited visits. Referral required.</td>
</tr>
<tr>
<td>Inpatient services</td>
<td>$100/day</td>
<td>Not Covered</td>
<td>Unlimited days. Referral required. $100 copayment for the 1st 5 days per calendar year.</td>
</tr>
<tr>
<td>Office visits</td>
<td>$30 PCP/$50 SPC/visit</td>
<td>Not Covered</td>
<td>Copayment applies for the 1st prenatal visit only. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound).</td>
</tr>
<tr>
<td>Childbirth/delivery professional services</td>
<td>No Charge</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Childbirth/delivery facility services</td>
<td>$100/day</td>
<td>Not Covered</td>
<td>Referral required. $100 copayment for the 1st 5 days per calendar year.</td>
</tr>
<tr>
<td>Home health care</td>
<td>No Charge</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>$30/visit</td>
<td>Not Covered</td>
<td>60 visits combined for all therapies.</td>
</tr>
<tr>
<td>Habilitation services</td>
<td>$30/visit</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Skilled nursing care</td>
<td>$100/day</td>
<td>Not Covered</td>
<td>Excludes custodial care. Referral required. $100 copayment for the 1st 5 days per calendar year.</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral 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).</td>
</tr>
<tr>
<td>Hospice services</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Inpatient copayment may apply. Referral required.</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)
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<th>What You Will Pay Out-of-Network Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your child needs dental or eye care</td>
<td>Children's eye exam</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Limited to one exam every 12 months at participating providers.</td>
</tr>
<tr>
<td></td>
<td>Children's glasses</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Children's dental check-up</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>None</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.):**

- Custodial care
- Dental care (Adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

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

- Acupuncture
- Bariatric surgery
- Chiropractic care
- 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](http://www.bcbsil.com)
- Routine eye care (Adult)
- Routine foot care (only in connection with diabetes)
- Weight loss programs (except when non-medically supervised)
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 1-800-892-2803 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 1-800-892-2803 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 1-800-892-2803.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-892-2803.
Navajo (Dine): Dinek’ehgo shika at’ohwol ninisingo, kwijijo holne’ 1-800-892-2803.

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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan’s overall deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist copayment</td>
<td>$50</td>
</tr>
<tr>
<td>Hospital (facility) copayment</td>
<td>$100</td>
</tr>
<tr>
<td>Other</td>
<td>$0</td>
</tr>
</tbody>
</table>

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:
- Deductibles: $0
- Copayments: $100
- Coinsurance: $0
- What isn’t covered: $60
- The total Peg would pay is: $160

---

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan’s overall deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist copayment</td>
<td>$50</td>
</tr>
<tr>
<td>Hospital (facility) copayment</td>
<td>$100</td>
</tr>
<tr>
<td>Other</td>
<td>$0</td>
</tr>
</tbody>
</table>

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:
- Deductibles: $0
- Copayments: $1,000
- Coinsurance: $0
- What isn’t covered: $20
- The total Joe would pay is: $1,020

---

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan’s overall deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist copayment</td>
<td>$50</td>
</tr>
<tr>
<td>Hospital (facility) copayment</td>
<td>$100</td>
</tr>
<tr>
<td>Other</td>
<td>$0</td>
</tr>
</tbody>
</table>

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:
- Deductibles: $0
- Copayments: $400
- Coinsurance: $0
- What isn’t covered: $0
- The total Mia would pay is: $400

---

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: 855-664-7270 (voicemail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 E. Randolph St.</td>
<td>TTY/TDD: 855-661-6965</td>
</tr>
<tr>
<td>35th Floor</td>
<td>Fax: 855-661-6960</td>
</tr>
<tr>
<td>Chicago, Illinois 60601</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: 800-368-1019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence Avenue SW</td>
<td>TTY/TDD: 800-537-7697</td>
</tr>
<tr>
<td>Room 509F, HHH Building 1019</td>
<td>Complaint Portal: <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/Spanish</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/Arabic</td>
<td>إن كان لديك أو لدى شخص المساعدة أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أي نفقة. للتحدث مع مترجم، اتصل ب 855-710-6984.</td>
</tr>
<tr>
<td>繁體中文/Chinese</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/French</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/German</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>ગુજરાતી/Gujarati</td>
<td>તમારી કામગીરીની સહાયતા કર રહે છે તેમાં પણ રહે છે, તે આપકે અપની ભાષા માં બિલ્લણા અસરક પાછળ કરી રહે છે. ઇનફોર્મેશન સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.</td>
</tr>
<tr>
<td>हिंदी/Hindi</td>
<td>आपके आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न है, तो आपके अपनी भाषा म निराला सहायता और जानकारी प्राप्त करना का अधिकार है। कोई अवश्य नही कर सकता के के लिए 855-710-6984 पर कॉल करें।</td>
</tr>
<tr>
<td>Italiano/Italian</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/Korean</td>
<td>만약 귀하 또는 귀하가 돕고 있는 사람이 문의를 하시면 귀하의 경우도 그런 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984로 전화하시십시오.</td>
</tr>
<tr>
<td>Diné/Navajo</td>
<td>T'áá ni, éé doodag la' da béik áanánílho'ígíi, na' ádilkidgo, ts'íída bée ná ahóóti'í: t'áá nikt'í' níkí a'áoolwol doó bina' ádilkidigíi bée níl oodóomin. Aa'tsáháálídi'ígíi bichí'í hodíllih kwe'és 855-710-6984.</td>
</tr>
<tr>
<td>فارسی/Persian</td>
<td>اگر شما یا کسی دیگری کمک به شما یا کمک به یک کسی دیگری دارید، حق آن را دارد که به زبان خودش، به مترجم، راپاکان کمک و اطلاعات دریافت نمایید. جهت تماس با یک مترجم شما باید 855-710-6984 بنکس حاله‌سازی شود.</td>
</tr>
<tr>
<td>Polski/Polish</td>
<td>Jeśli Ty lub osoba, którą pomagasz, macie jakieś pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy w Twoim języku. Aby porozmawiać z tłumaczem, zadzwon pod numer 855-710-6984.</td>
</tr>
<tr>
<td>Русский/Russian</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 телефону 855-710-6984.</td>
</tr>
<tr>
<td>Tagalog/Tagalog</td>
<td>Kung ikaw, o ang isang taong iyong tulongan ay may mga tanong, may karapatang kag makakuhang ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagalog-in- wika, tumawag sa 855-710-6984.</td>
</tr>
<tr>
<td>اردو/Urdu</td>
<td>اگر آپ کو، یا کسی دیگر کو جس کو آپ کو نیکی کو یک کس کو اپ کو نیکی کو یک کس کو، اپ کو نیکی کو یک کس کو، اپ کو نیکی کو یک کس کو، 855-710-6984 کو یک کیل کو.</td>
</tr>
</tbody>
</table>
| Tiếng Việt/Vietnamese | Nếu bạn có, 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 liên hệ với một thông dịch viên, gọi 855-710-6984.
**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay for Covered Services

**Coverage Period:** 01/01/2024 – 12/31/2024

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-458-6024 or at https://policy-srv.box.com/s/qvj6tyvj6rkf8rhefqi8p42ou98uzilp. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-855-756-4448 to request a copy.

<table>
<thead>
<tr>
<th>Important 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 For Out-of-Network: $700 Individual / $2,100 Family Three Month Carryover</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>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 For Out-of-Network: $10,000 Individual / $30,000 Family Prescription drug expense limit: $1,000 Individual / $3,000 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>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>If you visit a health care provider’s office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>In-Network Provider (You will pay the least): 20% coinsurance</td>
<td>Out-of-Network Provider (You will pay the most): 40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No Charge; deductible does not apply</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No Charge; deductible does not apply</td>
<td>20% coinsurance; deductible does not apply</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>No Charge; deductible does not apply</td>
<td>20% coinsurance; deductible does not apply</td>
</tr>
</tbody>
</table>

*For more information about limitations and exceptions, see the plan or policy document at [https://policy-srv.box.com/s/qvj6tyvj6rkf3rhefqi8p42ou98uzilp](https://policy-srv.box.com/s/qvj6tyvj6rkf3rhefqi8p42ou98uzilp).*
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</tr>
</thead>
<tbody>
<tr>
<td><strong>If you need drugs to treat your illness or condition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Generic drugs</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>$10/prescription (retail)</td>
<td>$10/prescription (retail); deductible does not apply</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$20/prescription (mail order); deductible does not apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>$40/prescription (retail)</td>
<td>$40/prescription (retail); deductible does not apply</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$80/prescription (mail order); deductible does not apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$60/prescription (retail)</td>
<td>$60/prescription (retail); deductible does not apply</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$120/prescription (mail order); deductible does not apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>$80/prescription (retail); deductible does not apply</td>
<td>$80/prescription (retail); deductible does not apply</td>
</tr>
<tr>
<td></td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No Charge; deductible does not apply</td>
<td>20% coinsurance; deductible does not apply</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge; deductible does not apply</td>
<td>20% coinsurance; deductible does not apply</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Specialty drug coverage based on group policy. Prior authorization may be required. Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens.</td>
</tr>
</tbody>
</table>

*For more information about limitations and exceptions, see the plan or policy document at [https://policy-srv.box.com/s/qvj6tyvj6rf8rhefqi8p42ou98uzilp](https://policy-srv.box.com/s/qvj6tyvj6rf8rhefqi8p42ou98uzilp).*
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<tr>
<th>Common Medical Event</th>
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<th>Out-of-Network Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you need immediate medical attention</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>If you have a hospital stay</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>If you need mental health, behavioral health, or substance abuse services</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>If you are pregnant</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>None</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay</td>
<td>Limitations, Exceptions, &amp; Other Important Information</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>-------------------</td>
<td>------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>Preauthorization may be required.</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>Preauthorization may be required.</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>Preauthorization may be required.</td>
</tr>
</tbody>
</table>
# Common Medical Event

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

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/qvj6tyvj6rki4rhefqi8p42ou98uzilp.*
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): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holné’ 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></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></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></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.

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

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
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.

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<td>Español Spanish</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 Arabic</td>
<td>إن كان لديك أو لدى شخص تساعدته أسئلة، فعليك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أي نفاية للتحدث مع مترجم فوري، اتصل بلغ المترجم 855-710-6984.</td>
</tr>
<tr>
<td>中文 Chinese</td>
<td>如果您，或您正在协助的对象，对此有疑问，您有权免费以您的母语获得帮助和信息。请咨询一位翻译员，请拨电话号码 855-710-6984。</td>
</tr>
<tr>
<td>Français French</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 German</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>ગુજરાતી Gujarati</td>
<td>તમને આધાર માટે તમે મહત્વ કરી શકાશે છે. તમારી કોઈ વિષયો પર માત્ર, તમારી સમાજની મદદ અને સમાજમાં મહત્વ કરી શકાશે. સમાજમાં મદદ કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.</td>
</tr>
<tr>
<td>हिंदी Hindi</td>
<td>यद कोई आपके, या आपकी सहायता करने वाले भी ऐसे कम हैं, तो आपके अपनी भाषा में वित्तीय सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अन्य भाषा में बात करने के लिए 855-710-6984 पर कॉल करें.</td>
</tr>
<tr>
<td>Italiano Italian</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 Korean</td>
<td>만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하의 무소로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 풍토가 필요하시면 855-710-6984로 전화하시는 바.</td>
</tr>
<tr>
<td>Diné Navajo</td>
<td>T'áá ni, ni doodago la'da bika’anání hóʼii', na'ídiłki, ts'íida bée ná ahóóótí’i t’áá niík’ee niík’a doobwol dóó bina’ídiłkiídi bée níl h odoomih. Atá’ dañahane hóʼii’h íí ái dík’ é běe k’é běe h odoomih. 855-710-6984.</td>
</tr>
<tr>
<td>فارسی Persian</td>
<td>اگر شما، یا کسی که شما به او کمک می‌کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان اطلاعات مالی دریافت کنید. به کمکی که جهت گفتگو با یک مترجم شهادی، به شماره 855-710-6984 تماس حاوی نام‌های خود کنید.</td>
</tr>
<tr>
<td>Polski Polish</td>
<td>Jeżeli Ty lub osoba, której pomagasz, macie jakieś pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy w własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.</td>
</tr>
<tr>
<td>Русский Russian</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 телефону 855-710-6984.</td>
</tr>
<tr>
<td>Tagalog Tagalog</td>
<td>Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatang kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalamin-wika, turnawag sa 855-710-6984.</td>
</tr>
<tr>
<td>اردو Urdu</td>
<td>آپ کو، یا اس کو جس کے ساتھ آپ کمک کر رہے ہیں، دوسری زبان میں دوسری زبان میں اطلاعات کی مدد اور مترجم کی مدد لیے تھا جیسے کہ مترجم کو محنت کی مدد ہو۔</td>
</tr>
<tr>
<td>Tiếng Việt Vietnamese</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 người dịch viên, gọi 855-710-6984.</td>
</tr>
</tbody>
</table>
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><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
  - 100%
  - 100%

#### Preventive Services (Deductible does not apply)
- Prophylaxis (cleanings)
- Topical fluoride applications
  - 100%
  - 100%

#### Diagnostic Radiographs (Deductible does not apply)
- Full-mouth and panoramic films
- Bitewing films
- Periapical films
  - 100%
  - 100%

#### Miscellaneous Preventive Services (Deductible does not apply)
- Sealants
- Space maintainers
  - 100%
  - 100%

#### Basic Restorative Dental Services
- Amalgams
- Resin-based composite restorations
  - 80%
  - 80%

#### Non-Surgical Extractions
- Removal of retained coronal remnants
- Removal of erupted tooth or exposed root
  - 80%
  - 80%

#### Non-Surgical Periodontic Services
- Periodontal scaling and root planing
- Full-mouth debridement
- Periodontal maintenance procedures
  - 80%
  - 80%

Rev. 03/09/21
### Adjunctive Services
- Palliative treatment (emergency) 80%
- Deep sedation / general anesthesia 80%

### Endodontic Services
- Therapeutic pulpotomy and pulpal debridement 80%
- Root canal therapy 80%
- Apexification/recalcification

### Oral Surgery Services
- Surgical tooth extractions 50%
- Alveoloplasty and vestibuloplasty 50%
- 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 80%
- Osseous grafts 80%
- Soft tissue grafts/allografts
- Distal or proximal wedge procedure

### Major Restorative Services
- Single crown restorations 50%
- Inlay/onlay restorations 50%
- Labial veneer restorations
- Crowns placed over implants

### Prostodontic Services
- Complete and removable partial dentures
- Denture reline/rebase procedures
- Fixed bridgework 50%
- Prosthetics placed over implants
- Implants Yes ☑ No ☐

### Misc. Restorative & Prostodontic Services
- Prefabricated crowns
- Recementations 50%
- Post and core, pin retention and crown/bridge repairs
- Adjustments 50%

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

### Lifetime Maximum Benefit per Participant
- $1,000.00 $1,000.00

Rev. 03/09/21
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
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Employee Information
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American Library Association

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

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<td>Benefit Period Maximum: Calendar Year</td>
<td>$1,250.00</td>
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<td></td>
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<tr>
<td>Deductible: Calendar Year</td>
<td>$75.00 Individual</td>
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When the course of treatment will be in excess of $300, a predetermination request should be submitted to BCBSIL in advance of treatment.
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.
### 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 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.

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\(^{4}\) 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></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>Who usually provides care</td>
<td>Primary Care Doctor</td>
<td>Physician Assistant or Nurse Practitioner</td>
<td>Internal Medicine, Family Practice and Pediatric</td>
<td>ER Doctors, Internal Medicine, Specialists</td>
<td>ER Doctors</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**

- **Any life-threatening or disabling conditions**
- **Sudden or unexplained loss of consciousness**
- **Major injuries**
- **Chest pain; numbness in the face, arm or leg; difficulty speaking**
- **Severe shortness of breath**
- **High fever with stiff neck, mental confusion or difficulty breathing**
- **Coughing up or vomiting blood**
- **Cut or wound that won’t stop bleeding**
- **Possible broken bones**

**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.

† Freestanding ED 101: What you need to know July 2016, The Advisory Board Company.
‡ 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.
§ Message and data rates may apply. Read terms, conditions and privacy policy at bcbsil.com/mobile/text-messaging.
The HMO Plans

HMOs offer valuable benefits with the security of predictable copayments.

The HMOs of Blue Cross and Blue Shield of Illinois (BCBSIL) provide the valuable benefits, member services and flexibility, along with the security of predictable copayments, so there are no financial surprises. Your employer may offer you the HMO Illinois® plan, the Blue Advantage HMOSM plan or a choice between the two.

When you join one of the HMOs of BCBSIL, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP). Your PCP provides or coordinates your health care, helps you make informed decisions and, when necessary, makes referrals to specialists who are usually within your medical group network. Each specialist referral is authorized for a specific number of visits or timeframe (up to one year).

In addition to their PCP, female members also have the option of choosing a woman’s principal health care provider (WPHCP) to provide or coordinate their health care services. Your WPHCP and PCP must be affiliated with or employed by your participating medical group. Physicians in the same medical group do have a referral arrangement. You do not need a PCP referral to see your WPHCP.

HMO Networks

HMO Illinois offers access to one of the largest contracting health care provider networks in Illinois. In fact, your regular doctor may already be part of the network. If your doctor is not in the network and you are undergoing a course of evaluation or medical treatment or are in your third trimester of pregnancy when you join the plan, you may request transition of care benefits. Benefits for transitional services may be authorized for up to 90 days. After this period, all care must be transferred to a new PCP or medical group in the HMO network. Contact Customer Service at the number on your BCBSIL ID card for more information.
The Blue Advantage HMO contracting provider network is a subset of the HMO Illinois network. Although smaller, it offers a broad choice of contracting providers and is for members who are looking for a more affordable health care plan. Blue Advantage HMO members also have access to the same contracting Illinois hospitals as HMO Illinois members for specialty care, with an approved referral from the member's contracting medical group.

**Medical Care**

The range of benefits includes coverage for:

- Physician office visits
- Outpatient surgery and diagnostic tests
- Breast cancer screening
- Cervical cancer screening
- Prostate cancer screening
- Colon cancer screening
- Inpatient hospital services
- Maternity care
- Outpatient hospital services
- Mental health and substance use disorder – inpatient and outpatient treatment
- Rehabilitative therapy (such as physical, speech and occupational therapy)
- Inpatient and outpatient treatments

To find a medical group and PCP in the network, go to [bcbsil.com](http://bcbsil.com) and click on Find a Doctor. You also can refer to a printed directory. You can request a directory by calling Customer Service at the number on your BCBSIL ID card. Each covered family member can choose a different medical group or PCP from the network. It's also easy to change your PCP or medical group for any reason. To select a different PCP within your existing medical group, just call the medical group. To change your medical group, call Customer Service or use the Blue Access for MembersSM online service at [bcbsil.com](http://bcbsil.com). See Your Health Care Benefit Program booklet or call Customer Service for more information.

**Preventive Care**

Another HMO benefit is coverage for preventive health services for children and adults, such as routine physicals, screenings, tests and immunizations, including childhood immunizations. Also, BCBSIL sends reminders to members to schedule flu shots, mammograms and Pap tests, and to have early childhood immunizations completed.

**Vision Care**

The vision discount program is offered through a partnered company. You have access to one of the nation's largest networks of independent eye doctors and well-known retail providers – with many in-network providers offering extended weeknight and weekend hours. Call Customer Service at the number on the back of your ID card for more information.

**BlueCard®**

This program covers HMO members traveling outside of Illinois who need medical attention. To learn more about this benefit, please call the number on your ID card. To find a contracting provider in the area in which you are traveling, call the BlueCard program toll-free at 800-810-BLUE (800-810-2583) or search the Blue Cross and Blue Shield Association's website at [bcbs.com](http://bcbs.com). You can then call the provider directly to make an appointment. You pay the applicable copayment at the time of service and don't need to submit claim forms.

**Emergency Care**

You receive health care coverage for hospital emergency room (ER) care, inpatient hospital care directly resulting from any medical emergency and ER follow-up care. Emergency care benefits cover members who have a medical emergency that may occur at any time. When a medical emergency occurs, first try to call your PCP. Someone from your medical group is available 24 hours a day, seven days a week. Your PCP or another doctor in your medical group may be able to treat you in the office. If you are unable to call your PCP, go directly to the nearest hospital emergency room and notify your PCP as soon as possible.
If you are admitted, someone must contact your PCP immediately upon admission. Your emergency room copayment will be waived, but you will have to pay your inpatient hospital copayment, if applicable. Emergency care benefits are limited to the initial emergency treatment. To receive additional benefits, your PCP must provide or coordinate follow-up care.

**Reconstructive Surgery**

Federal and State of Illinois legislation require that group health plans and health insurers provide coverage for reconstructive surgery following a mastectomy. These laws state that health plans covering 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 for physical complications for all stages of mastectomy care, including lymphedemas.

The HMOs of BCBSIL cover these procedures and annual mammograms when ordered by a member’s PCP or WPHCP, subject to the terms of the member’s applicable health care benefit coverage. Visit us at [bcbsil.com](http://bcbsil.com) or call Customer Service for more information.

**Utilization Management**

The HMOs of BCBSIL support the belief that the best people to determine what medical care you need are you and your doctor. BCBSIL does not get involved in deciding your course of treatment. This sets it apart from most other HMOs. Your doctor is encouraged to listen to your concerns and discuss all treatment options with you to help you make informed decisions. Your network medical group may review certain referrals or procedures for appropriateness of care. Your HMO doesn’t get involved unless you request an appeal from BCBSIL because you disagree with decisions made by your PCP or medical group.

**Substance Use Disorder**

Treatment for substance use disorder (also known as substance abuse) is covered in your benefit plan. Please contact your PCP for a referral to a specialist.

If you have a question, visit [bcbsil.com](http://bcbsil.com) or call Customer Service at 800-892-2803.
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 Select™ 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.

*The Blue Cross Blue Shield Global Core program was formerly known as BlueCard WorldWide®.

21784.0421
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.

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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:**

- **D.** Patient
- **E.** Provider
- **F.** Policy Information

**Get the Details**

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

- **G.** Amount Billed is the total amount your provider billed for the services.
- **I.** Amount Covered (Allowed) is the amount billed (G) minus any discounts or reductions (H).
- **J.** Health Plan Responsibility is the portion we paid to your provider.

**See Your Cost Share**

**YOUR RESPONSIBILITY** – This section shows your member cost-share amounts, including:

- **K.** Deductible
- **L.** Copays
- **M.** Coinsurance

Sign up to get your EOBs online on Blue Access for Members℠ or text* BCBSILAPP to 33633 to download the mobile app.

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**O.** Your Total Costs details the amount shown in O², and is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments up front. 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 (O³). HCAs and HSAs do not apply to all benefit plans.

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**Get More Information**

Your EOB may include a little more information about:

- **J².** 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.
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.

• Call 888-676-4204
• Go to MDLIVE.com/bcbsil
• Text BCBSIL to 635-483
• Download the app

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.
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.

It’s now easier to find a provider and manage health care expenses.

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.

### Reward Eligible Procedure

<table>
<thead>
<tr>
<th>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.

**Compare Costs and You May Earn Cash with Member Rewards**
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?

1. Find a reward-eligible location by shopping online with Provider Finder — visit bcbsil.com, register or log in to Blue Access for Members℠ and select Find Care.

2. Get the procedure or service at your chosen reward-eligible location.

3. 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.

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

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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.
Q&A: Prescription Drug List

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.

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 Members℠ (BAM℠) 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.

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.
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](http://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.

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 plan ID card.

<table>
<thead>
<tr>
<th>ANTIHYPERTENSIVES</th>
<th>Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>benazepril hcl tab</td>
<td>captopril tab</td>
</tr>
<tr>
<td>benazepril-hydrochlorothiazide tab</td>
<td>24hr</td>
</tr>
<tr>
<td>metoprolol-hydrochlorothiazide tab</td>
<td>metoprolol succinate tab 24hr</td>
</tr>
<tr>
<td>metoprolol tartrate tab</td>
<td>nadolol tab</td>
</tr>
<tr>
<td>nadolol tab</td>
<td>propranolol hcl cap er 24hr</td>
</tr>
<tr>
<td>propanolol hcl tab</td>
<td>sotalol hcl</td>
</tr>
<tr>
<td>Calcium Channel Blockers and Combinations</td>
<td></td>
</tr>
<tr>
<td>amlodipine besylate tab</td>
<td>amlodipine besylate-benazepril cap</td>
</tr>
<tr>
<td>amlodipine besylate-valsalan tab</td>
<td>diltiazem hcl coated beads cap er 24hr</td>
</tr>
<tr>
<td>Other Antihypertensives</td>
<td></td>
</tr>
<tr>
<td>clonidine hcl tab</td>
<td>clonidine td patch weekly</td>
</tr>
<tr>
<td>guanfacine hcl tab</td>
<td>hydralazine hcl cap</td>
</tr>
<tr>
<td>minoxidil cap</td>
<td>phenoxymenzamine hcl cap</td>
</tr>
<tr>
<td>terazosin hcl cap</td>
<td></td>
</tr>
<tr>
<td>ASTHMA/COPD</td>
<td></td>
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<tr>
<td>adelbutorol hcl cap</td>
<td>atenolol cap</td>
</tr>
<tr>
<td>atenolol-chlorothalidone tab</td>
<td>bisoprolol fumarate tab</td>
</tr>
<tr>
<td>bisoprolol-hydrochlorothiazide tab</td>
<td>carvedilol tab</td>
</tr>
<tr>
<td>labetalol hcl tab</td>
<td>metoprolol-hydrochlorothiazide tab</td>
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<tr>
<td>ipratropium bromide inhal soln</td>
<td>ipratropium-albuterol nebul soln</td>
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<tr>
<td>levalbuterol hcl soln nebu conc</td>
<td>montelukast sodium</td>
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<tr>
<td>nuncala</td>
<td>quvar redhaler</td>
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<tr>
<td>serevent diskus</td>
<td>spiriva handhaler</td>
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<tr>
<td>spiriva respimat</td>
<td>stiolto respimat</td>
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<tr>
<td>stiroider respimat</td>
<td>symbicort</td>
</tr>
<tr>
<td>terbutaline sulphate tab</td>
<td>theophylline tab er 24hr</td>
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<tr>
<td>trelgey ellipta</td>
<td>zafirlukast tab</td>
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<tr>
<td>CHOLESTEROL</td>
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<tr>
<td>atorvastatin calcium tab</td>
<td>colesevelam hcl</td>
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<tr>
<td>colestipol hcl granule packets</td>
<td>ezetimibe tab</td>
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<tr>
<td>ezetimibe-simvastatin tab</td>
<td>fenofibrate micronized cap</td>
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<tr>
<td>fenofibrate tab</td>
<td>gemfibrozil tab</td>
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<tr>
<td>lovastatin tab</td>
<td>niacin tab er</td>
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<tr>
<td>pravastatin sodium tab</td>
<td>rosuvastatin calcium tab</td>
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<tr>
<td>simvastatin tab</td>
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<tr>
<td>DEPRESSION</td>
<td></td>
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<tr>
<td>amitriptyline hcl tab</td>
<td>bupropion hcl tab</td>
</tr>
<tr>
<td>citalopram hydrobromide</td>
<td>clomipramine hcl cap</td>
</tr>
<tr>
<td>desipramine hcl tab</td>
<td>duloxetine hcl enteric coated pellets cap</td>
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<tr>
<td>escitalopram oxalate tab</td>
<td>fluoxetine hcl</td>
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<tr>
<td>fluvoxamine maleate tab</td>
<td>imipramine hcl tab</td>
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<tr>
<td>mirtazapine tab</td>
<td>noritryptiline hcl cap</td>
</tr>
<tr>
<td>paroxetine hcl tab</td>
<td>sertraline hcl</td>
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<tr>
<td>trazodone hcl tab</td>
<td>venlafaxine hcl cap er</td>
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<td></td>
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<tr>
<td>DIABETES</td>
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<tr>
<td>acarbose tab</td>
<td>baoximi one pack</td>
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<tr>
<td>farxiga</td>
<td>gliimepiride tab</td>
</tr>
<tr>
<td>glipizide tab</td>
<td>glipizide tab er 24hr</td>
</tr>
<tr>
<td>glyburide-metformin hcl tab</td>
<td>glucagon emergency kit</td>
</tr>
<tr>
<td>glyburide micronized tab</td>
<td>glyburide-metformin tab</td>
</tr>
<tr>
<td>insulin glargine-yfgn</td>
<td>glyxambi</td>
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<tr>
<td>janumet</td>
<td>gvoice hypopen 1-pack</td>
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<tr>
<td>janumet yr</td>
<td>gvoice hypopen 2-pack</td>
</tr>
<tr>
<td>jardiance</td>
<td>gvoice pfs</td>
</tr>
<tr>
<td>leemir</td>
<td>humulin r-u-500</td>
</tr>
<tr>
<td>leemir flextouch</td>
<td>insulin glargine-yfgn</td>
</tr>
<tr>
<td>metformin hcl tab er nateglinide tab</td>
<td>janumet</td>
</tr>
<tr>
<td>novolin 70/30</td>
<td>novolin n</td>
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<tr>
<td>novolin r</td>
<td>novolin r flexpen</td>
</tr>
<tr>
<td>novolog</td>
<td>novolog mix 70/30</td>
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<tr>
<td>novolog mix 70/30</td>
<td>prefll</td>
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<tr>
<td>novolog relion</td>
<td>pioglitazone hcl-metformin hcl tab</td>
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<tr>
<td>pioglitazone hcl-metformin hcl tab</td>
<td>pioglitazone hcl tab</td>
</tr>
<tr>
<td>repaglinide tab</td>
<td>ryzelsus</td>
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<tr>
<td>semglee</td>
<td>soliqua 100/33</td>
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<tr>
<td>synardy</td>
<td>synardy yr</td>
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<tr>
<td>tregib</td>
<td>trijardy yr</td>
</tr>
<tr>
<td>victoza</td>
<td>xigduo yr</td>
</tr>
<tr>
<td>xulotophy 30/36</td>
<td>zegalogue</td>
</tr>
</tbody>
</table>

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*. 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 PointsSM.^2

Start experiencing the wellness portal today. Go to wellontarget.com.

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*Members can use their Blue Access for Members™ credentials to access the wellontarget.com site.*

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**Experience Wellness Your Way**

Well onTarget® gives you the tools and resources to create your personal journey — no matter where you may be on your path to wellness.
• **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**.

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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.
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 Points℠ 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 Members℠ (BAM℠) 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.

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**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.

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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**

<table>
<thead>
<tr>
<th>YOUR RIGHTS. When it comes to your health information, you have certain rights.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section explains your rights and some of our responsibilities to help you.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Get a copy of your health and claims records</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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.</td>
</tr>
<tr>
<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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask us to correct health and claims records</th>
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</thead>
<tbody>
<tr>
<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>• We may say “no” to your request. We’ll tell you why in writing within 60 days.</td>
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</table>

<table>
<thead>
<tr>
<th>Request confidential communications</th>
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</thead>
<tbody>
<tr>
<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>• We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.</td>
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<table>
<thead>
<tr>
<th>Ask us to limit what we use or share</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You can ask us not 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>• We are not required to agree to your request, and we may say “no” if it would affect your care.</td>
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<table>
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<tr>
<th>Get a list of those with whom we’ve shared information</th>
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</thead>
<tbody>
<tr>
<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>• 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>
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</tbody>
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<table>
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<tr>
<th>Get a copy of this Notice</th>
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<tbody>
<tr>
<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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Choose someone to act for you</th>
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</thead>
<tbody>
<tr>
<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>• 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

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
<table>
<thead>
<tr>
<th><strong>Health care coverage is important for everyone.</strong></th>
</tr>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>To receive language or communication assistance free of charge, please call us at 855-710-6984.</th>
</tr>
</thead>
</table>

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: 855-664-7270 (voicemail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 E. Randolph St.</td>
<td>TTY/TDD: 855-661-6965</td>
</tr>
<tr>
<td>35th Floor</td>
<td>Fax: 855-661-6960</td>
</tr>
<tr>
<td>Chicago, Illinois 60601</td>
<td>Email: <a href="mailto:CivilRightsCoordinator@hcsc.net">CivilRightsCoordinator@hcsc.net</a></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: 800-368-1019</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Independence Avenue SW</td>
<td>TTY/TDD: 800-537-7697</td>
</tr>
<tr>
<td>Room 509F, HHH Building 1019</td>
<td>Complaint Portal: <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a></td>
</tr>
</tbody>
</table>

231026.0921
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>Text</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</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>
<td>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.</td>
</tr>
<tr>
<td>Arabic</td>
<td>إن كان لديك أو لدى شخص تساعدته سؤال، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.</td>
<td>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.</td>
</tr>
<tr>
<td>Chinese</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>
<td>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.</td>
</tr>
<tr>
<td>French</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>
<td>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.</td>
</tr>
<tr>
<td>German</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>
<td>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.</td>
</tr>
<tr>
<td>Gujarati</td>
<td>જો તમને અધયાત્મિક તમેમ મદદ કેવી રીતે હોવાથી આવી હોય તો એ વિષયે તમને વાત કરવી પડે છે, તેમ સાથે સંબંધિત મદદ અને માહિતી મેળવવાનું કરી શકીએ છીએ. તમે માહોદ્યમાં સાથે ચાર કરવા માટે આ નંબર 855-710-6984 પર કોટલ કરી.</td>
<td>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.</td>
</tr>
<tr>
<td>Hindi</td>
<td>यदि आपके, या आप तिलक दी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में लिख-शिक्षक सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।</td>
<td>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.</td>
</tr>
<tr>
<td>Italian</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>
<td>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.</td>
</tr>
<tr>
<td>Korean</td>
<td>만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984로 전화하십시오.</td>
<td>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.</td>
</tr>
<tr>
<td>Navajo</td>
<td>T’áá ni, éi doodago la’da bíchá anáníwó’igii, na’idlikidgo, ts’idá bee ná ahóóí’i’i t’áá nifik’ee níká a dooltwo dóó bina’idiłkidíghi’i bé bi h oodohim. Ata’dahalne’ígii bich’i’ hodílıihí kwe’é 855-710-6984.</td>
<td>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.</td>
</tr>
<tr>
<td>Persian</td>
<td>اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. هنگامی که فکت با یک مترجم شاهد، با شماره 855-710-6984 تماس حاضر نمایید.</td>
<td>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.</td>
</tr>
<tr>
<td>Polish</td>
<td>Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej pomocy i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.</td>
<td>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.</td>
</tr>
<tr>
<td>Russian</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>
<td>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.</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuhang tulong at impormasyon sa iyong wika nang walang bayad. Uplyang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.</td>
<td>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.</td>
</tr>
<tr>
<td>Urdu</td>
<td>اگر آپ کو، یا کسی انسان ہو جس کیا اپنے مین کر کر ہو، یا مبنی سلسلہ ہو تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کریں کہ حق ہے۔ مترجم ہے بات کرنا کے لیے، 855-710-6984 پر کال کریں۔</td>
<td>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.</td>
</tr>
<tr>
<td>Vietnamese</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>
<td>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.</td>
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