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.
**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/oooey8akotbgsus63he72wza5y64qbz.**

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.

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**Important Questions**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the overall deductible?</strong></td>
<td>For In-Network: $500 Individual/$1,500 Family</td>
<td>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</td>
</tr>
<tr>
<td></td>
<td>For Out-of-Network: $700 Individual/$2,100 Family</td>
<td></td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>Yes. Certain preventive care, prescription drugs, and emergency room services are covered before you meet your deductible.</td>
<td>This plan covers some items and services even if you haven’t yet met the deductible amount. But a copayment or coinsurance may apply. 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="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a></td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>For In-Network: $1,800 Individual/$5,400 Family</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services.</td>
</tr>
<tr>
<td></td>
<td>For Out-of-Network: $10,000 Individual/$30,000 Family</td>
<td>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-billed charges, and healthcare 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>

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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

SBC IL Non-HMO LG – 2021
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>If you visit a health care provider's office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>20% coinsurance</td>
<td>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/oooey8akotbgus63he7z8wza5y64qbz](https://policy-srv.box.com/s/oooey8akotbgus63he7z8wza5y64qbz).
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</thead>
<tbody>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More information about prescription drug coverage is available at <a href="http://www.bcbsil.com">www.bcbsil.com</a>.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<td></td>
<td>$10 copay/prescription (retail)</td>
<td>$10 copay/prescription (retail); deductible does not apply</td>
<td>Retail covers a 34 day supply and mail order covers a 90 day supply.</td>
</tr>
<tr>
<td></td>
<td>$20 copay/prescription (mail order); deductible does not apply</td>
<td>$20 copay/prescription (mail order); deductible does not apply</td>
<td>For Out-of-Network drug provider you are responsible for 25% of the eligible amount after the copay.</td>
</tr>
<tr>
<td>Preferred brand drugs</td>
<td>$40 copay/prescription (retail)</td>
<td>$40 copay/prescription (retail); deductible does not apply</td>
<td>RX Out-of-Pocket Expense Limit: $1,000 Individual/ $3,000 Family.</td>
</tr>
<tr>
<td></td>
<td>$80 copay/prescription (mail order); deductible does not apply</td>
<td>$80 copay/prescription (mail order); deductible does not apply</td>
<td>Certain women's preventive services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.</td>
</tr>
<tr>
<td>Non-preferred brand drugs</td>
<td>$60 copay/prescription (retail)</td>
<td>$60 copay/prescription (retail); deductible does not apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$120 copay/prescription (mail order); deductible does not apply</td>
<td>Not Covered</td>
<td>Specialty retail limited to a 30 day supply. Coverage based on group policy.</td>
</tr>
<tr>
<td>Specialty drugs</td>
<td>$80 copay/prescription (retail); deductible does not apply</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No Charge; deductible does not apply</td>
<td>Preauthorization may be required.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge; deductible does not apply</td>
<td>None</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room care</td>
<td>$150 copay/visit; deductible does not apply</td>
<td>Emergency room copay waived if admitted.</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</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>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>Preauthorization required.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
</tbody>
</table>

* For more information about limitations and exceptions, see the plan or policy document at [https://policy-srv.box.com/s/oooey8akotbzgus63he7z8wza5y64qbcz](https://policy-srv.box.com/s/oooey8akotbzgus63he7z8wza5y64qbcz).
<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 need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</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>Inpatient services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Childhood/professional services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Childhood/professional facility services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Children’s eye exam</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Children’s glasses</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Children’s dental check-up</td>
<td>Not Covered</td>
<td>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/oooey8akotbgus63he7z8wza5y64qbx.
**Excluded Services & Other Covered Services:**

<table>
<thead>
<tr>
<th>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acupuncture</td>
</tr>
<tr>
<td>• Cosmetic surgery</td>
</tr>
<tr>
<td>• Dental care (Adult and Children)</td>
</tr>
<tr>
<td>• Long term care</td>
</tr>
<tr>
<td>• Routine foot care (with the exception of person with diagnosis of diabetes)</td>
</tr>
<tr>
<td>• Weight loss programs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bariatric Surgery</td>
</tr>
<tr>
<td>• Chiropractic Care (limited to 30 visits per calendar year)</td>
</tr>
<tr>
<td>• Hearing aids</td>
</tr>
<tr>
<td>• Infertility Treatment</td>
</tr>
<tr>
<td>• Most Coverage outside the United States. See <a href="http://www.bcbsil.com">www.bcbsil.com</a></td>
</tr>
<tr>
<td>• Non-Emergency Care When Traveling Outside the U.S.</td>
</tr>
<tr>
<td>• Private Duty Nursing (with the exception of inpatient private duty nursing).</td>
</tr>
<tr>
<td>• Routine Eye Care (Adult and Children)</td>
</tr>
</tbody>
</table>

**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: the plan at 1-800-458-6024, U.S. Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. 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: 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.
- Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-458-6024.
- Navajo (Dine): Dine'ehgo shika a'tohwol ninisingo, kwiijigo holne’ 1-800-458-6024.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*
### Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Cost Share</th>
<th>Deductible</th>
<th>Copayment</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan’s overall deductible</td>
<td>$500</td>
<td>$500</td>
<td>$10</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist coinsurance</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital (facility) coinsurance</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other coinsurance</td>
<td>20%</td>
<td></td>
<td></td>
<td></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:**

- **Cost Sharing**
  - Deductibles $500
  - Copayments $10
  - Coinsurance $0

**What isn’t covered**
- Limits or exclusions $60

**The total Peg would pay is** $570

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

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Cost Share</th>
<th>Deductible</th>
<th>Copayment</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan’s overall deductible</td>
<td>$500</td>
<td>$500</td>
<td>$1,100</td>
<td>$200</td>
</tr>
<tr>
<td>Specialist coinsurance</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital (facility) coinsurance</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other coinsurance</td>
<td>20%</td>
<td></td>
<td></td>
<td></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:**

- **Cost Sharing**
  - Deductibles $500
  - Copayments $1,100
  - Coinsurance $200

**What isn’t covered**
- Limits or exclusions $20

**The total Joe would pay is** $1,820

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

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Cost Share</th>
<th>Deductible</th>
<th>Copayment</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan’s overall deductible</td>
<td>$500</td>
<td>$500</td>
<td>$200</td>
<td>$300</td>
</tr>
<tr>
<td>Specialist coinsurance</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital (facility) coinsurance</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other coinsurance</td>
<td>20%</td>
<td></td>
<td></td>
<td></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:**

- **Cost Sharing**
  - Deductibles $500
  - Copayments $200
  - Coinsurance $300

**What isn’t covered**
- Limits or exclusions $0

**The total Mia would pay is** $1,000

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**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.
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 speak to an interpreter, call the customer service number on the back of your member card. If you are not a member, or don’t have a card, call 855-710-6984.

If you’re an existing Blue Cross Blue Shield of Illinois member, you can also access your health record online by signing into MyBlue.

bcbsil.com
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 or disability.

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

We provide free communication aids and services for anyone with a disability or who needs language assistance.

Health care coverage is important for everyone.
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.

To find a contracting doctor or hospital, just go to bcbasil.com and use the Provider Finder®, 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.

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**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

*Coverage levels vary by health plan, so refer to your plan documents for details.
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 to find provider names and locations using Provider Finder®. Maps and driving directions are also available.
- Call Customer Service at the toll-free number on the back of your ID card.
Reconstructive Surgery Following 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 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*.
Blue Access for Members<sup>SM</sup>

Health Care at Your Fingertips

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

With BAM, you can:

- Use our Provider Finder<sup>®</sup> tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download our app
- Sign up for text or email alerts

It’s Easy to Get Started!

1. Go to bcbsil.com/member
2. Click Log Into My Account
3. Use the information on your BCBSIL ID card to sign up

Or, text* BCBSILAPP to 33633 to get the BCBSIL App that lets you use BAM while you’re on the go.

*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 ID card.

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

1The 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.
2Message and data rates may apply. Read terms, conditions and privacy policy at bcbsil.com/mobile/text-messaging.
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 ID card for more information.
An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Illinois (BCBSIL). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.

The EOB has THREE MAJOR sections:

- **Subscriber Information and Total of Claim(s)** includes the member’s name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.

- **Service Detail** for each claim includes:
  - Patient and provider information
  - Claim number and when it was processed
  - Service dates and descriptions
  - The amount billed
  - The discounts or other reductions subtracted from amount billed
  - Total amount covered
  - The amount you may owe (your responsibility)

- **Summary** - Shows you what the plan covers for each claim and your responsibility, including:
  - **Plan Provisions**
    - The amount covered
    - Less any amounts you may owe, like deductible, copay and coinsurance
  - **Your Responsibility**
    - Deductible and copay amount
    - Your share of coinsurance
    - Amount not covered, if any
    - Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

The EOB may include additional information:

- **Amounts Not Covered** will show what benefit limitations or exclusions apply.

- **Out-of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.

- **Fraud Hotline** is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.

- **An explanation** of your right to appeal if your health plan doesn’t cover a health care claim.

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Your EOBs Are Available Online!

Sign up for Blue Access for MembersSM (BAMSM) at bcbsil.com for convenient and confidential access to your claim information and history. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on Settings/Preferences to change your preferences.

Available in English and Spanish
Sample EOB

1. Member’s name and mailing address
2. Member ID and group number
3. Summary box for all claims including total billed by the provider, and discounts, reductions or payments made, and the amount you may owe
4. Detailed claim information for each claim
5. Patient name and service date
6. Provider information
7. Claim number and date the claim was processed
8. Service description
9. Amount billed for each service
10. The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
11. Your share of the costs
12. Claim summary with amount covered less your responsibility
13. Deductible and/or out-of-pocket expense information
14. Health Care Fraud Hotline

Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.
The BCBSIL App!

Stay connected with Blue Cross and Blue Shield of Illinois (BCBSIL) and access important health benefit information wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Access Health Care Accounts and Health Savings Accounts
- Download and share your Explanation of Benefits*
- Get Push Notifications and access to Message Center*

Text** BCBSILAPP to 33633 to get the app.

* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

** Message and data rates may apply. Terms and conditions and privacy policy at bcbsil.com/mobile/text-messaging.
Go to bcbsil.com and log in or create a Blue Access for Members℠ (BAM℠) account and click on the Doctors and Hospitals tab in Provider Finder to:

- Find in-network providers, hospitals, laboratories and more.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests.*
- Use quality awards such as Blue Distinction® Center (BDC), BDC+ or Total Care to inform your choices.
- See side-by-side provider or facility quality ratings and patient reviews.*

*Available for most networks and plans.

Go Mobile with BCBSIL

At bcbsil.com, log into or create your BAM account. You can stay linked to your claims activity, member ID card and coverage details. It’s also where to see prescription refill reminders and health tips by text messages at 33633.
Virtual Visits:
Speak with a doctor or therapist — anytime, anywhere

With your Virtual Visits benefit, provided by Blue Cross and Blue Shield of Illinois (BCBSIL) and powered by MDLIVE, the doctor is in 24/7/365. You can see a doctor or behavioral health specialist without leaving the comfort of your own home.

Virtual Visits allows you to consult an independently contracted, board-certified doctor or therapist for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.
Virtual Visits doctors may also send an e-prescription to your local pharmacy if necessary.
Prescription Drug and Wellness Information
Generic Drugs May Save You Money

They are safe, effective and approved by the FDA. Talk to your doctor to see if using generic drugs is an option for you.

What is a generic drug?
A generic drug is a version of a brand-name drug and is also approved by the FDA. When compared to the brand-name drug a generic drug is safe and works just as well in the body for most people. But the generic drug often costs less.

There are two types of generics:
- A **generic equivalent** is made with the same active ingredient(s) at the same dose as the brand-name drug.
- A **generic alternative** is often used to treat the same condition, but the active ingredient(s) differ from the brand-name drug.

Your pharmacist can often fill a prescription with a generic equivalent without a new prescription from your doctor. But only you and your doctor can decide if a generic alternative is right for you. And if right for you, your doctor will need to write your prescription for that medicine.

You may pay less for generic drugs.
Some benefit plans offered by Blue Cross and Blue Shield of Illinois (BCBSIL) use a prescription drug list, which is a list of drugs covered by your plan. If your plan is based on a drug list, how much you pay out-of-pocket for prescription drugs depends on whether the drug is on the list. Your drug list may also have different levels of coverage, called “tiers.” When you choose drugs in lower tiers, you may pay less. Generics are often in the lower tiers.

Members whose plan does not include a drug list often pay less out-of-pocket for generic drugs as well.

Be informed. Talk to your doctor. Start saving now.
Generics are available for many brand drugs

Generic alternatives are available for many brand drugs which may not currently have a generic equivalent, including those listed in the chart on the next page. If you are taking one of these brand drugs, ask your doctor if a generic is right for you. This may save you money as well.

Get the most from your pharmacy benefit.

Consider using generic drugs and follow these tips to help you get the most from your benefits:

- Ask your doctor to check the prescription drug list when recommending prescription drug options for you. Drugs on the list are chosen based on their safety, cost and how well they work.

- When you fill a prescription, use a contracting in-network pharmacy and show your member ID card.

- Go to bcbsil.com and log into Blue Access for MembersSM (BAMSM) for online pharmacy resources. You can get an estimate of your out-of-pocket cost for a prescription, view your claims history and more.

What if I have questions?

Ask your doctor or pharmacist about the choices you have and which drug is right for you. As always, treatment decisions are between you and your doctor.

If you have questions about your prescription drug benefit, see your plan materials, visit BAM or call the number on your ID card.
# Examples of Brand Products with Generic Equivalents or Alternatives

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Equivalent or Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acid Reflux Disease/Ulcer</strong></td>
<td></td>
</tr>
<tr>
<td>Aciphex, Dexilant, Nexium, Prevacid, Prilosec, Protonix, Zegerid</td>
<td>lansoprazole, omeprazole, omeprazole/ sodium bicarbonate, pantoprazole</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td></td>
</tr>
<tr>
<td>Celexa, Effexor, Effexor XR, Lexapro, Paxil, Paxil CR, Pristiq, Prozac, Zoloft, Wellbutrin/SR/XL</td>
<td>citalopram, bupropion, bupropion extended release, escitalopram, fluoxetine, fluoxetine delayed release, paroxetine, paroxetine extended release, venlafaxine, venlafaxine extended release</td>
</tr>
<tr>
<td><strong>High Cholesterol</strong></td>
<td></td>
</tr>
<tr>
<td>Altoprev, Crestor, Lescol, Lescol XL, Lipitor, Pravachol, Tricor, Vytorin, Zetia, Zocor</td>
<td>atorvastatin, lovastatin, pravastatin, simvastatin</td>
</tr>
<tr>
<td>Niaspan</td>
<td>niacin extended release</td>
</tr>
<tr>
<td><strong>High Blood Pressure</strong></td>
<td></td>
</tr>
<tr>
<td>Aceon, Altace, Atacand, Atacand HCT, Avalsde, Avapro, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Hyzaar, Mavik, Micardis, Micardis HCT, Teveeten, Univasc, Uniretic</td>
<td>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril, all generic HCT combination products</td>
</tr>
<tr>
<td>Catapres-TTS</td>
<td>clonidine</td>
</tr>
<tr>
<td>Coreg, Inderal LA, Innopran XL, Toprol XL</td>
<td>atenolol, metoprolol, propranolol, sotalol, timolol</td>
</tr>
<tr>
<td>Norvasc</td>
<td>amlodipine, diltiazem, felodipine, isradipine, nicardipine, nifedipine, nimodipine, verapamil</td>
</tr>
<tr>
<td><strong>Insomnia</strong></td>
<td></td>
</tr>
<tr>
<td>Ambien, Ambien CR, Edluar, Lunesta, Rozerem, Silenor, Sonata, Zolpimist</td>
<td>zaleplon, zolpidem</td>
</tr>
</tbody>
</table>

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1. This list is for example only and is not all-inclusive. Drugs on this list may change from time to time. Not all listed drugs may be covered under all benefit plan designs.
2. Third-party brand names are the property of their respective owners.
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 2020 Drug List (for Metallic plans) show all covered drugs. Drugs that are not shown on these lists are not covered. 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”. As a rule, your copayment/coinsurance amount will be less for covered drugs in the lower tier, such as 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 2020 Drug List (for Metallic plans), medicines that are not on these drug lists will not be covered. You will need to pay for the full cost of the medicine. The drug list is a source for your doctor when prescribing medicines. But it is up to you and your doctor to decide the medicine that is best for you.

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

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

How much you may pay out of pocket will be based on your prescription drug benefit plan and what tier the drug is on the drug list. To find out what you will pay, visit bcbsil.com or call the number on your 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 medical benefit and not on the drug list. If you have questions about these drugs, please call the number on your ID card.

What are dispensing limits?
Based on FDA-approved dosing regimens and manufacturer’s research, certain drugs have dispensing limits. This means that these drugs have a limit on how much medicine can be filled per prescription or in a given time span. For example, the osteoporosis drug Actonel® (risedronate) can only be filled as 30 tablets per 30 days because the FDA-approved labeling states that the recommended dose is one 5 mg tablet taken daily by mouth.

What if I have questions?
Call the number on your ID card, 24 hours a day, 7 days a week, or visit bcbsil.com.
October 2020 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 bcbasil.com. The online drug list (Balanced Drug List, Basic Drug List, Enhanced Drug List, Performance Drug List, Performance Select Drug List) 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 prescription drug benefit plan. The online 2020 Drug List (for Metallic plans) may be changed monthly with added drugs. The drug list may have 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 prescription drug benefit plan. If you have questions about your prescription drug benefit, call the number on your ID card.

**ANTIHYPTENSIVES**

<table>
<thead>
<tr>
<th>Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>benazepril hcl tab</td>
</tr>
<tr>
<td>benazepril/hydrochlorothiazide tab</td>
</tr>
<tr>
<td>captopril tab</td>
</tr>
<tr>
<td>enalapril maleate tab</td>
</tr>
<tr>
<td>enalapril maleate/hydrochlorothiazide tab</td>
</tr>
<tr>
<td>fosinopril sodium tab</td>
</tr>
<tr>
<td>fosinopril sodium/hydrochlorothiazide tab</td>
</tr>
<tr>
<td>lisinopril tab</td>
</tr>
<tr>
<td>lisinopril/hydrochlorothiazide tab</td>
</tr>
<tr>
<td>moexipril hcl tab</td>
</tr>
<tr>
<td>perindopril erbumine tab</td>
</tr>
<tr>
<td>quinapril hcl tab</td>
</tr>
<tr>
<td>quinapril-hydrochlorothiazide tab</td>
</tr>
<tr>
<td>ramipril cap</td>
</tr>
<tr>
<td>trandolapril cap</td>
</tr>
</tbody>
</table>

**Angiotensin II Receptor Antagonist (ARBs) and Combinations**

| candesartan cilexetil tab                                     |
| candesartan cilexetil-hydrochlorothiazide tab                 |
| irbesartan tab                                                |
| irbesartan-hydrochlorothiazide tab                            |
| losartan potassium tab                                        |
| losartan potassium/hydrochlorothiazide tab                    |
| olmesartan medoxomil tab                                      |
| olmesartan medoxomil-hydrochlorothiazide tab                  |
| telmisartan tab                                               |
| telmisartan-hydrochlorothiazide tab                           |
|valsartan tab                                                 |
|valsartan-hydrochlorothiazide tab                              |

**Beta Blockers and Combinations**

| acebutolol hcl                                                |
| atenolol tab                                                  |
| atenolol/chlorthalidone tab                                   |
| bisoprolol fumarate tab                                       |
| bisoprolol/hydrochlorothiazide tab                            |
| carvedilol tab                                                |
| labeltolol hcl tab                                            |
| metoprolol/hydrochlorothiazide tab                            |
| metoprolol succinate tab                                      |
| metoprolol tartrate tab                                       |
| nadolol tab                                                   |
| pindolol tab                                                  |
| propranolol hcl tab                                           |
| propranolol hcl cap er 24hr                                   |

**Calcium Channel Blockers and Combinations**

| amlodipine besylate tab                                       |
| amlodipine besylate-benazepril hcl cap                       |
| amlodipine besylate-valseratan tab                           |
| amlodipine-valseratan-hydrochlorothiazide tab                |
| diltiazem hcl coated beads cap er 24hr                       |
| diltiazem hcl tab                                             |
| felodipine tab er 24hr                                       |
| nifedipine tab er 24hr                                       |
| verapamil hcl tab                                             |
| verapamil hcl tab                                             |

**ASTHMA/COPD**

| ADVAIR                                                       |
| albuterol sulfate soln nebu                                  |
| albuterol sulfate syrup                                      |
| albuterol sulfate tab                                         |
| ANORO ELLIPTA                                               |
| ARNUITY ELLIPTA                                             |
| ASMANEX HFA                                                 |
| BREA ELLIPTA                                                |
| budesonide inhalation susp                                  |
| DULERA                                                      |
| FLOVENT DISKUS                                              |
| FLOVENT HFA                                                 |
| INCRUSE ELLIPTA                                             |
| ipratropium bromide inhal soln                               |
| ipratropium-albuterol nebu                                   |
| levalbuterol hcl soln nebu                                   |
| montelukast sodium                                           |
| PROAIR HFA                                                  |
| PROAIR RESPICLICK                                           |
| QVAR REDIHALER                                              |
| SEREVENT DISKUS                                             |
| SPIRIVA HANDHALER                                           |
| SPIRIVA RESPIMAT                                             |
| STIOLTO RESPIMAT                                            |
| STRIVERDI RESPIMAT                                           |
| SYMBICORT                                                   |
| terbutaline sulfate tab                                      |
| theophylline tab er 24hr                                     |
| TRELEGY ELLIPTA                                             |
| zafirlukast tab                                              |

**CHOLESTEROL**

| atorvastatin calcium tab                                     |
| cholestyramine light powder packets                         |
| choline fenofibrate cap dr                                   |
| colesvelam hcl                                              |
| colestipol hcl granule packets                              |
| ezetimibe tab                                                |
| ezetimibe-simvastatin cap                                    |
| fenofibrate micronized cap                                   |
| fenofibrate cap                                              |
| gemfibrozil tab                                              |
| lovastatin tab                                               |
| niacin tab                                                   |
| pravastatin sodium tab                                       |
| rosuvastatin calcium tab                                     |
| simvastatin cap                                              |

**DEPRESSION**

| amitriptyline hcl tab                                        |
| bupropion hcl tab                                            |
| bupropion hcl cap er 24hr                                    |
| citalopram enteric coated pellets cap                        |
| clomipramine hcl cap                                         |
| desipramine hcl cap                                          |
| duloxetine hcl enteric coated pellets cap                    |
| escitalopram oxalate tab                                    |
| fluoxetine hcl                                              |
| fluvoxamine maleate tab                                     |
| imipramine hcl cap                                          |
| mirtazapine tab                                             |
| nortriptyline hcl cap                                       |
| paroxetine hcl cap                                          |
| phenelzine sulfate tab                                       |
| sertraline hcl                                              |
| tranylcypromine sulfate tab                                 |
| trazodon hcl cap                                             |
| venlafaxine hcl cap er                                      |
| venlafaxine hcl tab                                         |

**DIABETES**

| acarbose tab                                                |
| BAQSIIMI ONE PACK                                           |
| glimepiride tab                                             |
| glipizide tab                                               |
| glipizide cap er 24hr                                       |
| glipizide-metformin hcl tab                                 |
| GLUCAGON EMERGENCY KIT                                      |
| glyburide micronized tab                                    |
| glyburide tab                                               |
| glyburide-metformin tab                                     |
| GLYXambi                                                    |
| GVOKE HYOPEN 1-PACK                                         |
| GVOKE PFS                                                   |
| HUMULIN R                                                   |
| INVOKAMET                                                  |
| INVOKAMET XR                                               |
| INVOKANA                                                   |
| JANUMET                                                    |
| JANUMET XR                                                 |
| JANUVIA                                                    |
| JARDIANCE                                                  |
| KOMBIGLYZE XR                                              |
| LANTUS                                                     |
| LANTUS SOLOSTAR                                             |
| LEVEMIR                                                    |
| metformin hcl cap                                           |
| metformin hcl cap er 24hr                                   |
| nateglinide tab                                             |
| NOVOLIN 70/30                                               |
| NOVOLIN N                                                  |
| NOVOLOG                                                    |
| NOVOLOG MIX 70/30                                           |
| pioglitazone hcl-metformin hcl tab                          |
| pioglitazone hcl cap                                        |
| repaglinide tab                                             |
| RYBELSUS                                                    |
| SOLIQUA 100/33                                              |
| TRESIBA                                                    |
| VICTOZA                                                    |
| XULTOPHY 100/3.6                                           |
Specialty drugs are often prescribed to treat chronic, complex or rare conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These drugs may be given by infusion (intravenously), injection, taken by mouth or some other way.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may not be stocked by retail pharmacies. They often cost more than non-specialty prescriptions.

Some specialty drugs must be given by a health care professional, while others are approved by the U.S. Food and Drug Administration (FDA) for self-administration (given by yourself or a care giver). Medications that call for administration by a professional are often covered under your medical benefit. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Your plan may require you to get your self-administered specialty drugs through AllianceRx Walgreens Prime or another in-network specialty pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs."

**Examples of Self-Administered Specialty Medications**

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit [bcbsil.com](http://bcbsil.com) to see the up-to-date list of specialty drugs.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sample Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteoporosis</td>
<td>Forteo, Tymlos</td>
</tr>
<tr>
<td>Cancer (oral)</td>
<td>Gleevec, Nexavar, Sprycel, Sutent, Tarceva</td>
</tr>
<tr>
<td>Growth Hormones</td>
<td>Incrlex, Omnitrope</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Epclusa, Harvoni, Mavyret and Vosevi</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>Betaseron, Copaxone, Rebif</td>
</tr>
<tr>
<td>Rheumatoid Arthritis/Psoriasis</td>
<td>Enbrel, Humira, Stelara</td>
</tr>
</tbody>
</table>
Support in Managing Your Condition:
AllianceRx Walgreens Prime

Through AllianceRx Walgreens Prime, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through AllianceRx Walgreens Prime, you get one-on-one support in managing your therapy – at no additional charge – including:

• Convenient delivery of drugs to you or your doctor’s office
• Information to help you stay on track with your therapy and help you manage any side effects you may feel
• Syringes, sharps containers and other supplies with each shipment for self-injectable drugs
• 24/7/365 specialty pharmacy access

When switching pharmacies, have your ID card and be ready with your:

• Name, address, phone number
• Name of medication
• Current pharmacy’s name and phone number (for existing prescriptions), and the prescription number
• Doctor’s name, phone and fax numbers

Your doctor may also order select specialty drugs that must be given to you by a health professional through AllianceRx Walgreens Prime.

Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through AllianceRx Walgreens Prime. Medications are shipped in plain, secure, tamper-resistant packaging.

Before your scheduled refill date, you will be contacted to:

• Confirm your drugs, dose and the delivery location
• Check any prescription changes your doctor may have ordered***
• Discuss any changes in your condition or answer any questions about your health****

You can reach AllianceRx Walgreens Prime at 877-627-6337.

Ordering Through AllianceRx Walgreens Prime

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to AllianceRx Walgreens Prime. To start using AllianceRx Walgreens Prime, call 877-627-6337, Monday-Friday, 8 a.m. - 8 p.m. ET.

After your scheduled refill date, you will be contacted to:

• Con/f_irm your drugs, dose and the delivery location
• Check any prescription changes your doctor may have ordered
• Discuss any changes in your condition or answer any questions about your health

You can reach AllianceRx Walgreens Prime at 877-627-6337.

Certain coverage exclusions and limitations may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the number on the back of your ID card with questions.

*Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Prime Therapeutics 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. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery company.

**The BCBSIL specialty pharmacy network includes AllianceRx Walgreens Prime as well as other in-network specialty pharmacies for select specialty drugs. BCBSIL HMO members have a separate specialty pharmacy network. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy.

You can log in to your Blue Access for MembersSM account to find an in-network specialty pharmacy near you.

***Third-party brand names are the property of their respective owners.

****Treatment decisions are between you and your doctor.
AllianceRx Walgreens Prime 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

- AllianceRx Walgreens Prime delivers up to a 90-day supply of long-term medicines. This may reduce what you pay out of pocket, and includes free standard shipping.

Convenience

- Prescriptions are delivered to the address of your choice, within the U.S.
- You can order from the comfort of your home — either online or over the phone. Your doctor can fax or send your prescription electronically to AllianceRx Walgreens Prime.
- You can receive up to a 90-day supply of long-term medicine at a time.
- You can ask for refills online or over the phone.
- Plain-labeled packaging protects your privacy.

Service

- You can receive notification by phone or email — your choice — when your orders are shipped. You will be contacted, if needed, to complete your order. To select your notification preference, register online at alliancerxwp.com/home-delivery or call 877-357-7463.
- Member service agents are available 24/7.
- Licensed, U.S.-based pharmacists are available seven days a week.
- Choose to receive refill reminder notifications by phone or email.
- Standard delivery is included at no additional cost.
- AllianceRx Walgreens Prime pharmacies are located in the U.S.

You can choose how AllianceRx Walgreens Prime will notify you when your prescription ships and when it is due for a refill.
Getting Started with AllianceRx Walgreens Prime
Home Delivery

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

• Visit alliancerxwp.com/home-delivery. Follow the instructions to create a new account or sign in with your Walgreens.com username and password.

• Log in to myprime.com and follow the links to AllianceRx Walgreens Prime.

• You can also continue to use your Walgreens.com account.

Over the Phone
Call 877-357-7463, 24/7, to refill, transfer a current prescription or get started with home delivery. 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 AllianceRx Walgreens Prime.

Talk to Your Doctor
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines. You can ask your doctor to send your prescription electronically to AllianceRx Walgreens Prime (AllianceRx Walgreens Prime-MAIL AZ), or fax a prescription request to 800-332-9581. 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 AllianceRx Walgreens Prime 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 on the back of your member ID card.

Medicines may take up to 10 days to deliver after AllianceRx Walgreens Prime receives and verifies your order.

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

Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy.

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.
What You Can Do

- Access Well onTarget® to help manage your overall wellbeing:
  - Take a Health Assessment to jumpstart your wellness journey with a personal health report.¹
  - Engage in digital self-management programs to help you reach your health and wellbeing goals.
  - Link and track your fitness devices and nutrition apps in one place.
  - Earn and redeem Blue Points™ when you complete healthy activities.²
- Join the Fitness Program with access to more than 10,000 fitness locations nationwide.³
- Talk to a nurse 24 hours a day.⁴
- Get support from a maternity specialist throughout a pregnancy.

Get Started Now! It’s As Easy As…

2. Sign up for BAM.
3. Click the My Health tab.

Wellbeing is about Progress, Not Perfection

Even small changes can help improve your health. So work on your wellbeing goals from one, simple dashboard, Blue Access for Members SM (BAM SM). It’s included with your plan. Go ahead – take your first step toward a healthier you!

Resources to Help You with:

- Asthma
- Back pain
- Blood pressure
- Cholesterol
- Diabetes
- Eating healthy
- Financial wellbeing
- Heart health
- Losing weight
- Pregnancy
- Quitting smoking
- Stress

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. 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.
³. A $25 enrollment fee and $25 monthly fee apply per member. Taxes may apply. Individuals must be at least 18 years old to purchase a membership.
⁴. 24/7 Nurseline is not available to HMO members. For medical emergencies, call 911. This program is not a substitute for a doctor’s care. Talk to your doctor about any health questions or concerns.
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.

**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.

See all the Blue365 deals and learn more at blue365deals.com/bcbsil.
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.
Experience a New Kind of Wellness — Log In to the Well onTarget Portal

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

Member Wellness Portal

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

- **Digital Self-management Programs:** Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more!
- **Health and Wellness Library:** The health library has useful articles, podcasts and videos on health topics that are important to you.
- **Blue 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 Tracking:** Get Blue Points for tracking activity with popular fitness devices and mobile apps.

• **Nutrition Help:** Members can choose a nutrition app to connect and monitor their food intake via the View Nutrition page. Enter calorie targets, carbs, fats, protein and more. Apps include Fitbit, MyFitnessPal and others.

• **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/members. If this is your first time logging in, you will need to register your account. Click Register Now on the login screen.

• Once you are in BAM, click on the Well onTarget link on the left side of the screen. You will be taken to the portal.

**Questions?**

If you have any questions about Well onTarget, call Customer Service at 877-806-9380.

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*Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.*

**Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information.*
A New Way to Experience Wellness

Well onTarget offers personalized tools and resources to help you — no matter where you may be on the path to health and wellness.

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 uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.

- **Digital self-management program**: These programs let you work at your own pace to reach your health goals. Learn more about stress management, tobacco cessation, sleep health, metabolic syndrome, diabetes management and more. Track your progress as you make your way through each lesson. Reach your milestones and earn Blue Points℠.

- **Health and wellness content**: The health library teaches and empowers through evidence-based, reader-friendly articles and short educational videos.

- **Tools and trackers**: Use symptom and health trackers to help keep you on course while making wellness fun.

Start experiencing the new wellness portal today.

*Go to [wellontarget.com](http://wellontarget.com).*
Wellness Coaching
Certified health coaches offer you guidance on Stress Management, Improving Fitness, Improving Nutrition, Tobacco Cessation, Tobacco-Free Maintenance, Improving Blood Pressure, Improving Cholesterol, Weight Reduction, and Maintaining Weight. You can interact with your coach by phone or via secure messages through the portal.

Health Assessment (HA)
The HA uses adaptable questions to learn more about you. After you take the HA, you will get a personal wellness report. This confidential 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.¹

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. The program gives you points instantly, so you can use them right away. If you want a larger reward, you can purchase additional points when you check out.²

Fitness Program³
Fitness can be easy, fun and affordable. The Fitness Program is a flexible membership program that gives you unlimited access to a nationwide network of more than 10,000 fitness centers. If you want, you can choose one gym close to home and one near work. And you can visit gyms while you’re on vacation or traveling for work.

Other program perks include:
- **No long-term contract**: Membership is month to month. Monthly fees are $25 per month per member, with a one-time enrollment fee of $25 per member.
- **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 locate gyms and track your visits.
- **Health and wellness discounts**: Save money through a nationwide complementary and alternative medicine network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers.

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).

Fitness and Nutrition Tracking
Track your fitness activity using popular fitness devices and mobile apps. Use your nutrition mobile app to monitor calories, carbs, fats, proteins and more.

Online Wellness Challenges
Challenge yourself to meet your wellness, stress management, physical activity, nutrition, social, sleep, weight management and tobacco-free goals. Plus, team challenges let you join forces with others to compete in monthly contests.

Wellness Program Questions?
Call Customer Service at 877-806-9380.

¹ Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.
² Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. 
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.
³ The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

Take Wellness on the Go
Check out the Well onTarget mobile app, available for iPhone® and Android™ smartphones. It can help you work on your health and wellness goals — anytime and anywhere.
Take Your Health Personally — Take the Health Assessment

What do you take personally in life? Your family? Your work? A hobby? Add your health to the list by taking the Well onTarget Health Assessment.

Just a few minutes and a few personal details — how you eat, how you sleep, how you live your life — can give you a personalized map to your best health. You can find out your risks and your best options to avoid them. Your customized Personal Wellness Report can tell you how to go from good to better.

The Health Assessment (HA) consists of nine modules, which you can complete all at once or over time, as your schedule permits. These modules include questions about your:

- Diet
- Physical activity
- Tobacco use
- Emotional health
- Health at work and on the road

While it’s not necessary, it would be helpful to have a few personal details on hand when you begin the HA, including your:

- Current height and weight
- Systolic blood pressure (top number) and diastolic blood pressure (bottom number)
- Total cholesterol level
- HDL cholesterol level
- Triglyceride level
- Blood sugar level
- Waist measurement in inches
Take Your Health Assessment Today
You can earn 2,500 Blue Points℠ for taking your HA. Follow these simple steps to get started:

1. Visit wellontarget.com and log in. If you have an existing Blue Access for Members℠ (BAM) account, use your BAM username and password. If you aren’t a registered user yet, click “Register Now” to create an account.

2. If you have not taken your HA, there will be a pop-up notification after you log in. You can also take your HA by clicking on “Start” in the “Health Assessment” box at the top of your dashboard. Once you have completed the HA, your reports will be available in this section.

How Will the Health Assessment Be Personalized?
You will begin by answering a few basic questions. Then, the HA will ask you more detailed questions based on your answers to the first set of questions. Your health status and lifestyle will determine which questions you will be asked. Your answers will help tailor the Well onTarget Member Wellness Portal with programs that could help you reach your health goals. You can check your progress and earn Blue Points twice a year.

What Should I Do with My Results?
After completing the HA, you will receive a confidential Personal Wellness Report. This can help take the guesswork out of wellness. The report will show you how you are doing and give you healthy tips. You can even print out a Provider Report to share with your doctor.

When you know your risks, you can choose your best options to avoid them. When you know your strengths, you can decide to build on them.

Have questions about the HA or the Well onTarget program? Call 877-806-9380.

* 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.

Take Your Health Assessment on the Go
Check out the Well onTarget mobile app, available for iPhone® and Android™ smartphones. You can complete your HA and work on your health and wellness goals — anytime and anywhere.
Wellness Coaching Provides Personalized Guidance and Support

It’s no secret that the best teams look to their coaches for help in reaching the top. Now you can, too. With Well onTarget’s Wellness Coaching, you can find the support you need to be your best.

Our Wellness Coaching uses evidence-based guidelines and proven techniques of motivation and goal setting.

Your Trusted Ally
A wellness coach works with you to help you set your wellness goals. Your coach will learn about your lifestyle and habits. The coach will then design a plan to achieve your goals and offer inspiration and ideas along the way.

Reaching Out
Through the Well onTarget Member Wellness Portal at wellontarget.com, you can exchange secure messages with your coach. By calling the phone number on your portal dashboard, you can speak directly with your coach or request a callback. You can also contact your coach through the Well onTarget mobile app. These convenient options make it easy for you to keep in regular contact with your coach.

After you complete your health assessment, you may also receive an introductory call from a wellness coach.

With Well onTarget’s Wellness Coaching, you’ll get a trusted resource for the support you need to take action.

“How many days a week do you currently exercise?”
Learn how you can reach your health goals

**Manage Stress**
Learn what is causing the stress in your life. Your coach can help you find creative, healthy ways to combat stress.

**Improve Fitness Level**
Make working out a key part of your day. Your coach can create a plan that's right for your fitness level and goals.

**Improve Dietary Habits**
We'll connect you with a registered dietitian to help you understand your relationship with food and how to make healthy eating choices.

**Decrease Weight**
Your coach will address behavioral or environment factors that may be keeping you from reaching your weight loss goals.

**Maintain Weight**
If you are at a healthy weight and want to know how to maintain it, your coach will discuss how stress, nutritional needs, physical activity and sleep can keep you at your ideal weight.

**Improve Cholesterol**
Being overweight, making poor dietary choices and living a sedentary lifestyle can contribute to high cholesterol. Your coach can help you make lasting lifestyle changes to lower your cholesterol.

**Improve Blood Pressure**
Preventing high blood pressure through exercise, dietary habits, quitting tobacco and managing stress are emphasized to help improve your blood pressure.

**Quit Tobacco**
Quitting tobacco can be a challenge. This program includes a discussion with your coach of the physical and psychological factors of addiction.

**Maintain Tobacco-Free Status**
Staying tobacco-free, for those who recently quit using tobacco, is a lifetime process. You’ll learn how to use trigger-avoidance methods and social support to ensure you remain tobacco-free.

*Prioritize your coaching.*

Take the Health Assessment today to find out which program is right for you. There are additional coaching topics that you can speak with your coach about – from managing your diabetes to financial wellbeing.
Live Well with the Well onTarget Member Wellness Portal

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

Explore your wellness world
When you log in to your portal, you will find a wide variety of health and wellness resources, including:
- The Health Assessment (HA)
- Self-Management Programs
- Health trackers
- Trusted news and health education content

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

Take a snapshot of your health
The HA asks you questions about your health and habits. You then get a Personal Wellness Report. This report suggests ways to make positive lifestyle changes. Your report can also help you decide which Well onTarget program to start first to get the most benefit. You can even print a Provider Report to share with your doctor.
Blue Points™ program
Small rewards may motivate you to make positive changes to meet your wellness goals. With Well onTarget, you can earn Blue Points for making healthy choices. If you enroll in the Fitness Program or take your HA, you earn points. You can also earn points when you achieve milestones in the Self-Management Programs. Redeem your Blue Points in the online shopping mall, which offers a wide variety of merchandise.

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

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

Self-management programs
These programs consist of:

1. Interactive programs with learning activities and content that focus on behavioral changes to reinforce healthier habits.
2. Educational programs that inform about symptoms, treatment options and lifestyle changes.

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

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

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

The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

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

When choosing a meter, it often comes down to the features you’re looking for. Here are a few things to consider when making your choice:

• How does the meter score for accuracy? Does it come with a control solution or test strip to check for accuracy?

• Does the meter fit in your backpack, supplies kit or purse?

• How skillful are you at handling those test strips? You might want to try a meter that uses cartridges instead of individual strips.

• How much blood does the meter require? Less is better.

• Do you want to download results to a computer or email them to your doctor’s office?

• Interested in alternative site testing? There are meters that can test samples from various places on the body.

Checking Your Blood Glucose

Regular blood glucose checks and consistent record-keeping give you a good picture of where you are in your diabetes care.

Checks tell you how often your blood glucose levels are in your target range. Your target range is a personalized blood glucose range that you set with your doctor. Once you know how often and when to check, stick to the schedule and check at those times each day.

Keep a daily log recording your levels. Then take your log with you when you visit your doctor or other members of your diabetes care team. The information in your log will let them know how you are doing.

Blue Cross and Blue Shield of Illinois (BCBSIL) offers certain blood glucose meters to members with diabetes at no additional charge. See next page for details.
Glucose Meters Are Available to You

BCBSIL is offering you a choice of the blood glucose meters below at no additional charge for a limited time to help you manage your condition. This offer is available through March 31, 2021.**

If you have BCBSIL prescription drug coverage, CONTOUR®NEXT test strips for the meters below are listed as preferred brands on your drug list. Coverage and payment levels for non-preferred brand test strips may vary, depending on your pharmacy benefit plan.

Please review these options and ask your doctor which meter best fits your needs.

CONTOUR®NEXT Blood Glucose Monitoring Systems

To order a CONTOUR NEXT meter to be shipped directly to you, call 800-401-8440. Be sure to identify yourself as a BCBSIL member and mention ID code “BDC-BIL.” Or you can visit ContourNextFreeMeter.com.

CONTOUR NEXT One Blood Glucose Monitoring System

- Easy to use and most accurate meter yet1*
- Receive immediate results on your Bluetooth®-connected smart phone or tablet
- Download the free CONTOUR® DIABETES app to get your results right on your compatible Android or iOS smartphone or tablet. Visit compatibility.contourone.com for a list of compatible devices

CONTOUR NEXT EZ Blood Glucose Monitoring System

- The easy-to-use features you want with the proven accuracy2 you expect
- Ready to test, right out of the box
- Easy-to-read display

Visit contournext.com for more detailed descriptions on these meters.


* Ad hoc analysis demonstrated 95% of results fell within ±8.4 mg/dL or ±8.4% of the laboratory reference values for glucose concentrations <100 mg/dL or ≥100 mg/dL, respectively, when tested via subject-obtained capillary fingertip results (patients with diabetes).

** Void where prohibited by law. This offer cannot be combined with any other offer. Ascensia Diabetes Care reserves the right to cancel or change this offer at any time and without notice.

Disclaimer: This information is not intended to be a substitute for professional medical advice. If you are under the care of a doctor and receive advice different from the information contained in this flier, follow the doctor’s advice. See your doctor if you are experiencing any diabetes symptoms or health problems.

Restrictions: Offer not valid for prescriptions reimbursed under Medicaid, Medicare drug benefit plan, Tricare or other federal or state health programs (i.e. medical assistance programs). If patient is eligible for drug benefits under any such program, offer not valid.
Your family’s race to better health begins with a single step:  
Taking advantage of preventive health care services

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan’s provider network. This is true even if you haven’t met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year, recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at www.cdc.gov/vaccines.
FOR ADULTS
Annual preventive medical history and physical exam

SCREENINGS FOR
- Abdominal aortic aneurysm
- Alcohol abuse and tobacco use
- Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- Colorectal and lung cancer
- Depression
- Falls prevention
- High blood pressure, obesity and diabetes
- Sexually transmitted infections, HIV, HPV and hepatitis
- Tuberculosis

COUNSELING FOR
- Alcohol misuse
- Domestic violence
- Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular disease risk factors
- Obesity
- Sexually transmitted infections
- Skin cancer prevention
- Tobacco use, including certain medicine to stop
- Use of aspirin to prevent heart attacks

JUST FOR WOMEN
- Aspirin for preeclampsia prevention
- Breast cancer screening, genetic testing and counseling
- Breastfeeding support, supplies and counseling
- Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- Cervical cancer screening
- Chlamydia, gonorrhea, syphilis, HIV and hepatitis B screenings
- Counseling for alcohol and tobacco use during pregnancy
- Diabetes mellitus screening after pregnancy
- Folic acid supplementation during pregnancy
- Human papillomavirus (HPV) DNA test
- Osteoporosis screening
- Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility, preeclampsia and perinatal depression
- Urinary incontinence screening
- Sexually transmitted infections
- Skin cancer prevention
- Tobacco use, including certain medicine to stop
- Use of aspirin to prevent heart attacks

FOR CHILDREN
Annual preventive medical history and physical exam

SCREENINGS FOR
- Autism
- Cervical dysplasia
- Critical congenital heart defect screening for newborns
- Depression
- Developmental delays
- Dyslipidemia (for children at higher risk)
- Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin
- Lead poisoning
- Obesity
- Sexually transmitted infections and HIV
- Tuberculosis
- Vision screening

ASSESSMENTS AND COUNSELING
- Alcohol and drug use assessment for adolescents
- Obesity counseling
- Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- Skin cancer prevention counseling

CERTAIN VACCINES
Learn more on immunization recommendations and schedules by visiting: www.cdc.gov/vaccines

- Diphtheria, Pertussis, Tetanus
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A and B
- Human Papillomavirus (HPV)
- Inactivated Poliovirus (Polio)
- Influenza (Flu)
- Measles, Mumps, Rubella (MMR)
- Meningitis
- Pneumococcal
- Rotavirus
- Varicella (Chicken Pox)
- Zoster (Herpes, Shingles)

1 Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card.
Blue Cross and Blue Shield of Illinois (BCBSIL) is required to provide you a HIPAA Notice of Privacy Practices as well as a State Notice of Privacy Practices. The HIPAA Notice of Privacy Practices describes how BCBSIL can use or disclose your protected health information and your rights to that information under federal law. The State Notice of Privacy Practices describes how BCBSIL can use or disclose your nonpublic personal financial information and your rights to that information under state law. Please take a few minutes and review these notices. You are encouraged to go to the Blue Access for Members (BAM) portal at BCBSIL.com to sign up to receive these notices electronically. Our contact information can be found at the end of these notices.

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

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

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

| Get a copy of your health and claims records | • 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.  
  • 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. |
| --- | --- |
| Ask us to correct health and claims records | • 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.  
  • We may say “no” to your request. We’ll tell you why in writing within 60 days. |
| Request confidential communications | • 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.  
  • We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not. |
| Ask us to limit what we use or share | • 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.  
  • We are not required to agree to your request, and we may say “no” if it would affect your care. |
| Get a list of those with whom we’ve shared information | • 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.  
  • 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. |
| Get a copy of this Notice | • 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. |
| Choose someone to act for you | • 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.  
  • We confirm this information before we release them any of your information. |
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

<table>
<thead>
<tr>
<th>Help with public health and safety issues</th>
<th>We can share your health information for certain situations such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Preventing disease</td>
</tr>
<tr>
<td></td>
<td>• Helping with product recalls</td>
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<tr>
<td></td>
<td>• Reporting adverse reactions to medications</td>
</tr>
<tr>
<td></td>
<td>• Reporting suspected abuse, neglect or domestic violence</td>
</tr>
<tr>
<td></td>
<td>• Preventing or reducing a serious threat to anyone’s health or safety</td>
</tr>
</tbody>
</table>

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

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

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

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

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

**CHANGES TO THESE NOTICES**

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

**CONTACT INFORMATION FOR THESE NOTICES**

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

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

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

**REVIEWED: January 2020**
Health care coverage is important for everyone.

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

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

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

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

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

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

<table>
<thead>
<tr>
<th>Español</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>ان كان لديك أو لدى شخص تساعدك استفسار، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.</td>
</tr>
<tr>
<td>Chinese</td>
<td>如果您，或您正在协助的对象，对此有疑问，您有权利免费以您的母语获得帮助和讯息。洽询一位翻译员，请拨电话 號碼 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>
</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>
</tr>
<tr>
<td>Gujarati</td>
<td>જે તમે અધિકારથી તમે મેટ્સ કરી રહ્યા હોય ત્યારે તમે ક્લેકન્ટલ અધિકાર આપ્યું હોયે, તો તમે તમારા પદ્ધતિની મદદ અને મુલાકાતની હક કરી શકે છે. ઇલાસરા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.</td>
</tr>
<tr>
<td>Hindi</td>
<td>यदि आपके, या आप उन्होंने सहायता कर रहे हैं उनके प्रश्न हैं, तो आपको अपनी भाषा में मुफ्त सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।</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>
</tr>
<tr>
<td>Korean</td>
<td>만약 귀하 또는 귀하를 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984로 전화하십시오.</td>
</tr>
<tr>
<td>Navajo</td>
<td>T'áá ni, íí doodago ła’da bikhá anáñiwo’ígíí, na’idlkidgo, ts’ídá beec ná ahóóítí’i’í’ t’áá níñí’e níká a’ doolwoł dóó bina’idlKidgií bií ní h oodohní. Atá’dahalne’ígíí bích’jí’ hodílníí kwe’é 855-710-6984.</td>
</tr>
<tr>
<td>Persian</td>
<td>اگر شما، یا کسی که شما به او کمک می‌کنید، سوالی داشته باشید، حقیقی را داده که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نامی. جهت کمک گرفتن یا یک مترجم شاخص، به شماره 855-710-6984 تماس حاصل نمایید.</td>
</tr>
<tr>
<td>Polish</td>
<td>Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 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>
</tr>
<tr>
<td>Tagalog</td>
<td>Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. U pang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.</td>
</tr>
<tr>
<td>Urdu</td>
<td>اگر آپ کو، یا کسی ایسے فرد کو جس کا آپ مدد کر رہے ہیں، وو ہوگیا کہ آپ کو اینی زبان سے مفت مدد اور معلومات حاصل کرنے کا حق ہے، مترجم سے بات کریں کہ لیس، 855-710-6984 پر کال کریں.</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>
</tr>
</tbody>
</table>
Please read the instructions on the inside thoroughly before completing this enrollment application/change form.
ENROLLMENT APPLICATION/CHANGE FORM INSTRUCTIONS
PLEASE READ THOROUGHLY BEFORE COMPLETING ENROLLMENT APPLICATION/CHANGE FORM
Use a black or blue ballpoint pen only. Print neatly. Do not abbreviate.

SECTION 1
ENROLLMENT EVENTS
Check all the boxes that apply to indicate if you are a new enrollee or if you are requesting a change to your coverage. Indicate the event and date, if applicable. Complete the additional sections that correspond to your selection.

New Enrollee: Complete all sections where applicable.

Add Dependent: Complete all sections where applicable.

- If you are applying for coverage for a disabled dependent over the age limit of your employer’s plan, please provide the additional information requested in Section 5. Additional documentation may be required as addressed in that section.
- If your employer offers coverage for children and your children are eligible, your children are eligible for health and/or 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 Federal law. If you are adding an eligible military personnel dependent who is over the age limit of the employer’s plan, completion of a Defense Department Form (DD 214) is required in addition to this application.

Open Enrollment: The period of time offered on a regular basis during which you can elect to enroll in a specific group health insurance plan or make changes to your current membership.

Special Enrollment Event: If you qualify, special enrollment is any change to your current membership such as marriage*, divorce**, adoption, suit for adoption or placement for adoption, leave/layoff, moving out of the service area, etc. This change may occur outside of open enrollment.

Effective Date of Benefits: Field is mandatory and should reflect your requested date.

Completion of Other Eligibility Requirements: Check this box only if your employer has eligibility requirements that you have met/completed prior to enrollment, such as measurement period or orientation period.

Cancel Enrollee/Cancel Dependent/Cancel Coverage: Complete Sections 1, 2, 4 (skip Section 4 if declining coverage), 8 and 9. In Section 4 include name, social security number and date of birth of individual(s) canceling.

SECTION 2
YOUR INFORMATION
Complete this section with details about yourself even if you are declining coverage.

SECTION 3
YOUR COVERAGE
Complete all portions related to the coverages for which you are applying. Please list the seven character plan ID for your selected benefit design (example: SS33PPO) in the plan # field. If you are unsure of your group size or do not know your plan ID, please ask for guidance from your employer.

If you are enrolling for life or disability insurance enter the information requested. When listing the beneficiary, provide both the first and last name and the relationship to you. List all beneficiaries that apply.

SECTION 4
COVERAGE OPTIONS
Complete all areas that apply to you and each dependent.

For HMO Plans Only:

- Those applying for HMO coverage are required to select a primary care physician/practitioner (PCP) for each covered individual. List the name of the physician/practitioner and the provider number from the provider directory or Provider Finder® at bcbsil.com. Be sure to check the appropriate box for a new patient.
- If you selected HMO coverage, you must select a medical group/individual practice associations (IPAs) and a primary care physician (PCP) for each person to be covered. You must also select a PCP within the selected medical group/IPA for each person to be covered. You may choose a different medical group/IPA for each person. Care received from a woman’s principal health care provider (WPHCP) may be eligible for coverage without referrals from your PCP. However, your PCP and your WPHCP must be affiliated with or employed by your medical group/IPA in order for each person to be eligible for coverage. Until we receive your selected medical group/IPA, you may not be eligible and your claims may be denied. Be sure to enter the medical group/IPA number, name, PCP number and name.
- If you are adding an eligible military personnel dependent who is over the age limit of your employer’s plan, completion of a Defense Department Form 214 (DD 214) is required in addition to this application.

Change Primary Care Physician/Practitioner: Complete Section 1 and check the “Other Changes” box; then, complete Sections 2, 3, 4 and 9. In Section 4, please include enrollee’s or dependent’s name, social security number, date of birth, name and number of the new PCP and the name and number of the new IPA.

Change Address/Name: Complete Section 1 and check the “Other Changes” box; then, complete Sections 2 and 9.

SECTION 5
DISABLED DEPENDENT
A disabled dependent must be medically certified as disabled and dependent upon you or your spouse***. **Domestic partner in order to be considered for coverage if dependent coverage is part of your employer’s plan. The disabled dependent is required to be covered prior to age 26 to be eligible for coverage over the dependent child age limit of your employer’s plan. A Disabled Dependent Authorization and Disabled Dependent Physician Certification document must be completed and submitted with this enrollment application, if applicable.

SECTION 6
OTHER COVERAGE
Complete this section if you or any dependent have other group or individual health and/or dental coverage (if applicable) that will not be canceled when the coverage under this application becomes effective.

SECTION 7
MEDICARE COVERAGE
Complete this section if you or any of your dependents are covered by Medicare. Enter the start and end dates for the coverage that applies. Your Medicare HIC number must be listed (it can be found on your Medicare ID card). Check the reason for your Medicare coverage.

SECTION 8
DECLINATION OF COVERAGE
Complete this section if you are declining health coverage for yourself and your dependents. Anyone declining coverage for any reason should complete Section 8, not just those declining because of other coverage.

IMPORTANT NOTICE: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health care coverage, you may, in the future, be able to enroll yourself or your dependents in the plan if you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, party to a civil union, birth, adoption, becoming a party in a suit for adoption, or placement of a foster child in your home, you may be able to enroll yourself and your dependents if you request enrollment within 31 days after the marriage, birth, adoption, suit for adoption or placement for adoption, or placement of an eligible foster child in your home.

SECTION 9
COVERAGE CONDITIONS
Sign your name and date the enrollment application if you agree to the conditions set forth in this section. Your enrollment application should be submitted to your employer’s Enrollment Department, which will then submit your form to BCBSIL.

As used on the application (unless indicated otherwise): These terms may be used in a different way in other documents.

* The term “marriage” includes legal marriage and the establishment of a civil union or domestic partnership (coverage subject to your employer’s plan).
** The term “divorce” includes legal divorce and the comparable termination of a civil union or domestic partnership (coverage subject to your employer’s plan).
*** The term “spouse” includes a legal spouse and a party to a civil union or domestic partnership (coverage subject to your employer’s plan).

Changes in state or federal law or regulations, or interpretations thereof, may change the terms and conditions of coverage.

If you are a current member and have questions, you may call the Customer Service number on the back of your member ID card.
**SECTION 1 — ENROLLMENT EVENTS**

**PLEASE CHECK ALL THAT APPLY — IF YOU ARE DECLINING COVERAGE, COMPLETE SECTIONS 2, 8 AND 9 ONLY**

- New Enrollee
- Add Dependent
- Open Enrollment
- Other Changes

Are you applying as a result of a Special Enrollment Event?
- No
  - Yes, Event Date: ___ / ___ / ____

Event:
- New Hire
- Marriage*
- Adoption, Placement for Adoption or Suit for Adoption (provide legal documents)
- Court Order (provide court order or decree)
- Loss of Other Coverage
- Other (explain): ____________

Effective Date of Benefits: ___ / ___ / ____
- Completion of Other Eligibility Requirements

**SECTION 2 — PLEASE TELL US ABOUT YOURSELF**

**COMPLETE EVEN IF DECLINING COVERAGE**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI (opt)</th>
<th>Suffix</th>
<th>Birth Date (MM/DD/YYYY)</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Email Address** - Street - Apt #

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Employer**

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Business Phone #</th>
<th>Employment Date (MM/DD/YYYY)</th>
<th>On average, how many hours a week do you work? (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Eligibility Status:**
- Active Employee
- Retired Employee - Date of Retirement: ________
- COBRA Coverage Start Date: ________
- Projected End Date: ________

**SECTION 3 — SELECT YOUR COVERAGE**

**PLEASE CHECK ALL THAT APPLY**

**Affordable Care Act Plans**
- PPO
- Blue Choice Preferred PPO
- Blue Options
- Blue Precision HMO
- BlueCare Direct

**Plan # (required)**: __________

**Grandfathered and Grandmothered/Transitional Plans**
- Blue Advantage Entrepreneur PPO
- Blue Choice Select PPO
- BlueEdge Select HSA
- BlueEdge HSA
- BlueEdge HCA Direct
- PPO Value Choice

**Plan # (required)**: __________

**Mid-Market and Large Group Standard Plans (51+ Employees)**

**Previous BCBSIL or HMO Membership**

<table>
<thead>
<tr>
<th>Group #:</th>
<th>Section #:</th>
<th>Identification #:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Large Group Custom Plans (151+ Employees)**

**Mid-Market & Large Group Standard Plans 51+**

<table>
<thead>
<tr>
<th>Plan # (required)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Dental**

- BlueCare Dental PPO
- BlueCare Dental HMO
- Dental Group # (if different than Medical Group policy #)

**Primary Language:** __________

**Group Term Life, Accidental Death and Dismemberment (AD&D) and Disability Insurance**

- I am not applying for Group Term Life, AD&D or Disability Insurance coverage

**Employee Occupation/Job Title:** __________

<table>
<thead>
<tr>
<th>Wage Rate $________ per hour</th>
<th>Week</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Group Basic Term Life and AD&D**

- I do not apply
- I do apply Amount $________

**Group Dependents’ Life**

- I do not apply
- I do apply

**Group Supplemental Life**

- I do not apply
- I do apply

**Employee Election:** $________

**Spouse Election:** $________

**Child Election:** $________

**Short-Term Disability**

- I do not apply
- I do apply

**Long-Term Disability**

- I do not apply
- I do apply

**Primary Beneficiary**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Initial</th>
<th>Last Name</th>
<th>Relationship</th>
<th>Birth Date (MM/DD/YYYY)</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Contingent Beneficiary**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Initial</th>
<th>Last Name</th>
<th>Relationship</th>
<th>Birth Date (MM/DD/YYYY)</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

As used on the application (Unless indicated otherwise), these terms may be used in a different way in other documents.

- The term “marriage” includes legal marriage and the establishment of a civil union or domestic partnership (coverage subject to your employer’s plan).

- The term “divorce” includes legal divorce and the comparable termination of a civil union or domestic partnership (coverage subject to your employer’s plan).

- Life and Disability insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee.

- 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.
## SECTION 4 — COVERAGE OPTIONS

<table>
<thead>
<tr>
<th>Employee/Enrollee’s Name</th>
<th>PCP Name</th>
<th>IPA Name</th>
<th>WPHCP Name</th>
<th>IPA Name</th>
<th>HMO OB/GYN Name (optional)</th>
<th>HMO OB/GYN #</th>
</tr>
</thead>
</table>

- **New Patient?**
  - [ ] Y
  - [ ] N

**Dependent’s Name**
- [ ] Husband
- [ ] Wife
- [ ] Domestic Partner
- [ ] Party to a Civil Union

- **PCP Name**
  - [ ] Y
  - [ ] N

- **IPA Name**
  - [ ] Y
  - [ ] N

- **WPHCP Name**
  - [ ] Y
  - [ ] N

**Birth Date (MM/DD/YYYY)**

**Home Address (if different) Street/City/State/ZIP code**

**Dependent’s Social Security #**

**New Patient?**
- [ ] Y
  - [ ] N

**Is this dependent a natural child, stepchild, foster child, adopted child or a child in suit for adoption?**
- [ ] Y
  - [ ] N

**If not your eligible natural child, stepchild, foster child, adopted child or child in suit for adoption, are you (or your spouse) responsible for this dependent?**
- [ ] Y
  - [ ] N

**Dependent’s Social Security #**

**Is this dependent a natural child, stepchild, foster child, adopted child or a child in suit for adoption?**
- [ ] Y
  - [ ] N

**If not your eligible natural child, stepchild, foster child, adopted child or child in suit for adoption, are you (or your spouse) responsible for this dependent?**
- [ ] Y
  - [ ] N

**Dependent’s Social Security #**

**Is this dependent a natural child, stepchild, foster child, adopted child or a child in suit for adoption?**
- [ ] Y
  - [ ] N

**If not your eligible natural child, stepchild, foster child, adopted child or child in suit for adoption, are you (or your spouse) responsible for this dependent?**
- [ ] Y
  - [ ] N

**Dependent’s Social Security #**

**Is this dependent a natural child, stepchild, foster child, adopted child or a child in suit for adoption?**
- [ ] Y
  - [ ] N

**If not your eligible natural child, stepchild, foster child, adopted child or child in suit for adoption, are you (or your spouse) responsible for this dependent?**
- [ ] Y
  - [ ] N

**Dependent’s Social Security #**

## SECTION 5 — DISABLED DEPENDENT

<table>
<thead>
<tr>
<th>Name of Disabled Dependent</th>
<th>Nature of Disability</th>
</tr>
</thead>
</table>

**Name of Disabled Dependent**

**Nature of Disability**

**If disabled child is over the dependent age limit of your employer’s plan, please attach a completed Disabled Dependent Certification and the Disabled Dependent Physician Certification document.**

## SECTION 6 — OTHER COVERAGE INFORMATION

<table>
<thead>
<tr>
<th>Group Coverage</th>
<th>Individual Coverage</th>
<th>Name and Address of Other Insurance Carrier</th>
<th>Effective Date (MM/DD/YYYY)</th>
<th>Type of Policy</th>
</tr>
</thead>
</table>
| [ ] Y
  - [ ] N
| [ ] Y
  - [ ] N
| [ ] Y
  - [ ] N
| [ ] Y
  - [ ] N
| [ ] Y
  - [ ] N
| [ ] Y
  - [ ] N
| [ ] Y
  - [ ] N
| [ ] Y
  - [ ] N
| [ ] Y
  - [ ] N
| [ ] Y
  - [ ] N

**Name of Policyholder**

**Birth Date (MM/DD/YYYY)**

**Male**

**Female**

**Relationship to Applicant**
- [ ] Self
- [ ] Spouse
- [ ] Dependent

**Employer’s Name**

**Employment Date (MM/DD/YYYY)**

**Health Group #**

**Health ID #**

**Dental Group #**

**Dental ID #**

## SECTION 7 — MEDICARE COVERAGE INFORMATION

<table>
<thead>
<tr>
<th>Name of person covered:</th>
<th>Medicare A (Hospital) Effective Date: _______ End Date: _______</th>
<th>Medicare B (Medical) Effective Date: _______ End Date: _______</th>
<th>Medicare D (Drug) Effective Date: _______ End Date: _______</th>
</tr>
</thead>
</table>

**Please indicate reason for Medicare Eligibility:**
- [ ] Entitled Age
- [ ] Entitled Disability
- [ ] End-Stage Renal Disease
- [ ] Disability and Current Renal Disease

<table>
<thead>
<tr>
<th>Name of person covered:</th>
<th>Medicare A (Hospital) Effective Date: _______ End Date: _______</th>
<th>Medicare B (Medical) Effective Date: _______ End Date: _______</th>
<th>Medicare D (Drug) Effective Date: _______ End Date: _______</th>
</tr>
</thead>
</table>

**Please indicate reason for Medicare Eligibility:**
- [ ] Entitled Age
- [ ] Entitled Disability
- [ ] End-Stage Renal Disease
- [ ] Disability and Current Renal Disease
**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 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>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>
<tr>
<td>Language</td>
<td>Text</td>
</tr>
<tr>
<td>----------</td>
<td>------</td>
</tr>
<tr>
<td>Arabic</td>
<td>إن كان لديك أو لدى شخص تساعدك أخيلة, فدليل الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. التحدث مع مترجم فوري، اتصل على الرقم 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, 請撥打電話 號碼 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>
</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>
</tr>
<tr>
<td>Greek</td>
<td>Εάν έστε ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε την Αριθ. 855-710-6984.</td>
</tr>
<tr>
<td>Gujarati</td>
<td>જ્યારે આપણે નૂટન મેળવી શકે છે, અને આપણે આપણી ભાષા માં જાણાઓ શકી છીએ. તેઓ તેમાં જીવન બધી સમયસર મેળવવાનો હેઠળ છીએ. તેઓ તેમ માટેએ કાલરી માટે આ નંબર 855-710-6984 પર કોલ કરી શકે છે.</td>
</tr>
<tr>
<td>Hindi</td>
<td>अगर आपके, तो आपके अपनी भाषा में जानकारी प्राप्त करने का अधिकार है। किसी अन्य भाषा में बात करने के लिए 855-710-6984 पर कॉल करें।</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>
</tr>
<tr>
<td>Korean</td>
<td>만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984로 전화해주세요.</td>
</tr>
<tr>
<td>Navajo</td>
<td>T'áá ni, čį́' doodago lą́' da biká anánílwóó’íį, na’idílkidí, ts’idá bée ná ahóóti’i’ t’áá bíí’ níį’e níká a’doolóól dóó bina’idílkiidí bée níł h odoonih. Ata’dahalné’ií bích’i’ hodílání kwe’é 855-710-6984.</td>
</tr>
<tr>
<td>Polish</td>
<td>Jeśli Ty lub osoba, której pomagasz, ma jakiekolwiek pytania, ma prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 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, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.</td>
</tr>
<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>
</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. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.</td>
</tr>
<tr>
<td>Urdu</td>
<td>اگر آپ کو، یا کسی اپنے فرد کو جس کس آپ مدد کر رہے ہیں،ویا کوئی ہی زبان میں متصل مہتر معلومات حاصل کرنے کا حتمی حق ہے، متصل کے لئے 855-710-6984 پر کال کریں۔</td>
</tr>
</tbody>
</table>
| Vietnamese | 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.