Enrollment Guide
American Library Association
PPO/HMO
January 1, 2021
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 MembersSM
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 1-800-892-2803 or at https://policy-srv.box.com/s/vm6bl9phajo6d61bpcgl8v45jo16nj.

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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<td>Preventive care/screening/immunization</td>
<td>No Charge</td>
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<td><strong>If you have a test</strong></td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No Charge</td>
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<tr>
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<td>Imaging (CT/PET scans, MRIs)</td>
<td>No Charge</td>
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<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>$10 <strong>copay</strong>/prescription (retail)</td>
<td>Not Covered</td>
<td>Dispensing limit may apply to certain drugs. 34-day retail / 90 day mail. RX Out-of-Pocket Expense Limit: $1,000 Individual / $2,000 Family. 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>
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<td>Preferred brand drugs</td>
<td>$40 <strong>copay</strong>/prescription (retail)</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$80 <strong>copay</strong>/prescription (mail order)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$60 <strong>copay</strong>/prescription (retail)</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$120 <strong>copay</strong>/prescription (mail order)</td>
<td></td>
<td>Coverage based on group policy. Prior authorization may be required.</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>$80 <strong>copay</strong>/prescription (retail)</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</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room care</td>
<td>$150 <strong>copay</strong>/visit</td>
<td>$150 <strong>copay</strong>/visit</td>
<td>Copay waived if admitted.</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>No Charge</td>
<td>No Charge</td>
<td>Ground transportation only.</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>$30 <strong>copay</strong>/visit</td>
<td>Not Covered</td>
<td>Must be affiliated with member’s chosen medical group or referral required.</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>$100 <strong>copay</strong>/day</td>
<td>Not Covered</td>
<td>Referral required. 5-day <strong>copay</strong> maximum per year.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>$30 <strong>copay</strong>/visit</td>
<td>Not Covered</td>
<td>Unlimited visits. Referral required.</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>$100 <strong>copay</strong>/day</td>
<td>Not Covered</td>
<td>Unlimited days. Referral required. 5-day <strong>copay</strong> maximum per year.</td>
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<td>If you are pregnant</td>
<td>Office visits</td>
<td>$30 copay/visit</td>
<td>Not Covered</td>
<td>Copay applies for the 1st prenatal visit only. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>No Charge</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>$100 copay/day</td>
<td>Not Covered</td>
<td>5-day copay maximum per year.</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>$30 copay/visit</td>
<td>Not Covered</td>
<td>60 visits combined for all therapies. Referral required.</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>$30 copay/visit</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>$100 copay/day</td>
<td>Not Covered</td>
<td>Excludes custodial care. Referral required. 5-day copay maximum per year.</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral required. Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Inpatient copay may apply. Referral required.</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Children’s eye exam</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Limited to one exam every 12 months at participating providers.</td>
</tr>
<tr>
<td></td>
<td>Children’s glasses</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>$125 allowance for frames every 24 months and $75 allowance for contacts every 24 months.</td>
</tr>
<tr>
<td></td>
<td>Children’s dental check-up</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>None</td>
</tr>
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Excluded Services & Other Covered Services:

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

- Cosmetic surgery
- Custodial care
- Dental care
- Long term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care (with the exception of a person with a diagnosis of diabetes)

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

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Hearing aids
- Infertility treatment
- Most coverage provided outside the United States. See www.bcbsil.com
- Routine eye care (Adult)
- Weight loss programs (except when non-medically supervised)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-892-2803, 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 1-800-892-2803 or visit www.bcbsil.com, or contact the U.S. Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit http://insurance.illinois.gov.

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

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

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-892-2803.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-892-2803.
Navajo (Dine): Dine'ehgo shika at'o'hwl ninisingo, kwii'jigo holne' 1-800-892-2803.

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

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

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible: $0
- Specialist copayment: $50
- Hospital (facility) copayment: $100
- Other: $0

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

**Total Example Cost:** $12,700

In this example, Peg would pay:

<table>
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<tr>
<td>Deductibles</td>
<td>$0</td>
</tr>
<tr>
<td>Copayments</td>
<td>$100</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
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</table>

What isn't covered:
- Limits or exclusions: $60

**The total Peg would pay is:** $160

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible: $0
- Specialist copayment: $50
- Hospital (facility) copayment: $100
- Other: $0

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:

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<tr>
<td>Deductibles</td>
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</tr>
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<td>Copayments</td>
<td>$1,500</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
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What isn't covered:
- Limits or exclusions: $20

**The total Joe would pay is:** $1,520

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible: $0
- Specialist copayment: $50
- Hospital (facility) copayment: $100
- Other: $0

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:

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<tr>
<td>Deductibles</td>
<td>$0</td>
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<tr>
<td>Copayments</td>
<td>$400</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
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What isn't covered:
- Limits or exclusions: $0

**The total Mia would pay is:** $400

The plan would be responsible for the other costs of these EXAMPLE covered services.
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.
### 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.

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<tr>
<th>Office of Civil Rights Coordinator</th>
<th>Phone:</th>
<th>855-664-7270 (voicemail)</th>
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<tr>
<td>300 E. Randolph St.</td>
<td>TTY/TDD:</td>
<td>855-661-6965</td>
</tr>
<tr>
<td>35th Floor</td>
<td>Fax:</td>
<td>855-661-6960</td>
</tr>
<tr>
<td>Chicago, Illinois  60601</td>
<td>Email:</td>
<td><a href="mailto:CivilRightsCoordinator@hcsc.net">CivilRightsCoordinator@hcsc.net</a></td>
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You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

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<th>U.S. Dept. of Health &amp; Human Services</th>
<th>Phone:</th>
<th>800-368-1019</th>
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<tr>
<td>200 Independence Avenue SW</td>
<td>TTY/TDD:</td>
<td>800-537-7697</td>
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<tr>
<td>Room 509F, HHH Building 1019</td>
<td>Complaint Portal:</td>
<td><a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a></td>
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All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

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<td>Primary care visit to treat an injury or illness</td>
<td>$30 copay/visit</td>
<td>Not Covered</td>
<td>Services or supplies that are not ordered by your Primary Care Physician or Women's Principal Health Care Provider, except emergency and routine vision exams, are not covered.</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$50 copay/visit</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.</td>
</tr>
<tr>
<td><strong>If you have a test</strong></td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>No Charge</td>
<td>Not Covered</td>
<td></td>
</tr>
</tbody>
</table>

* For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/njso9y1vzvb2hj383nr2yix8u9p0jj21.
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Participating Provider (You will pay the least)</th>
<th>Non-Participating Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>$10 copay/prescription (retail) $20 copay/prescription (mail order)</td>
<td>Not Covered</td>
<td>Dispensing limit may apply to certain drugs. Self-injectable drugs covered at $50. 34-day retail / 90 day mail. RX Out-of-Pocket Expense Limit: $1,000 Individual/ $2,000 Family. 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></td>
<td>Preferred brand drugs</td>
<td>$40 copay/prescription (retail) $80 copay/prescription (mail order)</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$60 copay/prescription (retail) $120 copay/prescription (mail order)</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>$80 copay/prescription (retail)</td>
<td>Not Covered</td>
<td>Coverage based on group policy. Prior authorization may be required.</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room care</td>
<td>$150 copay/visit</td>
<td>$150 copay/visit</td>
<td>Copay waived if admitted. Ground transportation only.</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>No Charge</td>
<td>No Charge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>$30 copay/visit</td>
<td>Not Covered</td>
<td>Must be affiliated with member’s chosen medical group or referral required.</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>$100 copay/day</td>
<td>Not Covered</td>
<td>Referral required. 5-day copay maximum per year.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>$30 copay/visit</td>
<td>Not Covered</td>
<td>Unlimited visits. Referral required.</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>$100 copay/day</td>
<td>Not Covered</td>
<td>Unlimited days. Referral required. 5-day copay maximum per year.</td>
</tr>
</tbody>
</table>

* For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/njso9y1vzvb2hj383nr2yix8u9p0jj21.
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Participating Provider (You will pay the least)</th>
<th>Non-Participating Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you are pregnant</strong></td>
<td>Office visits</td>
<td>$30 copay/visit</td>
<td>Not Covered</td>
<td>Copay applies for the 1st prenatal visit only. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>No Charge</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>$100 copay/day</td>
<td>Not Covered</td>
<td>5-day copay maximum per year.</td>
</tr>
<tr>
<td><strong>If you need help recovering or have other special health needs</strong></td>
<td>Home health care</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>$30 copay/visit</td>
<td>Not Covered</td>
<td>60 visits combined for all therapies. Referral required.</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>$30 copay/visit</td>
<td>Not Covered</td>
<td>Excludes custodial care. Referral required. 5-day copay maximum per year.</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>$100 copay/day</td>
<td>Not Covered</td>
<td>Referral required. Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>No Charge</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Inpatient copay may apply. Referral required.</td>
</tr>
<tr>
<td><strong>If your child needs dental or eye care</strong></td>
<td>Children’s eye exam</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>Limited to one exam every 12 months at participating providers.</td>
</tr>
<tr>
<td></td>
<td>Children’s glasses</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>$125 allowance for frames every 24 months and $75 allowance for contacts every 24 months.</td>
</tr>
<tr>
<td></td>
<td>Children’s dental check-up</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>None</td>
</tr>
</tbody>
</table>

* For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/njso9y1vzvb2hj383nr2yix8u9p0jj21.
Excluded Services & Other Covered Services:

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

- Cosmetic surgery
- Custodial care
- Dental care
- Long term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care (with the exception of a person with a diagnosis of diabetes)
- Private-duty nursing
- Routine foot care (with the exception of a person with a diagnosis of diabetes)

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

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Hearing aids
- Infertility treatment
- Most coverage provided outside the United States. See www.bcbsil.com
- Routine eye care (Adult)
- Weight loss programs (except when non-medically supervised)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-892-2803, 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 1-800-892-2803 or visit www.bcbsil.com, or contact the U.S. Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit http://insurance.illinois.gov.

Does this plan provide Minimum Essential Coverage? Yes

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

Does this plan meet the Minimum Value Standards? Yes

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

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-892-2803.
Tagalog (Tagalog): Kung kailangan ninyo ang tulungan sa Tagalog tumawag sa 1-800-892-2803.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-892-2803.
Navajo (Dine): Dine'ehgo shika a't'owol ninisingo, kwiijigoh holne' 1-800-892-2803.

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

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

<table>
<thead>
<tr>
<th>Peg is Having a Baby</th>
<th>Managing Joe’s type 2 Diabetes</th>
<th>Mia’s Simple Fracture</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(9 months of in-network pre-natal care and a hospital delivery)</strong></td>
<td><strong>(a year of routine in-network care of a well-controlled condition)</strong></td>
<td><strong>(in-network emergency room visit and follow up care)</strong></td>
</tr>
<tr>
<td>The plan’s overall deductible</td>
<td>$0</td>
<td>The plan’s overall deductible</td>
</tr>
<tr>
<td>Specialist copayment</td>
<td>$50</td>
<td>Specialist copayment</td>
</tr>
<tr>
<td>Hospital (facility) copayment</td>
<td>$100</td>
<td>Hospital (facility) copayment</td>
</tr>
<tr>
<td>Other</td>
<td>$0</td>
<td>Other</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)*

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)*

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 | $12,700 | Total Example Cost | $5,600 | Total Example Cost | $2,800 |

In this example, Peg would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$0</td>
</tr>
<tr>
<td>Copayments</td>
<td>$100</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

What isn’t covered:
- Limits or exclusions  | $60

The total Peg would pay is  | $160

In this example, Joe would pay:

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

What isn’t covered:
- Limits or exclusions  | $20

The total Joe would pay is  | $1,520

In this example, Mia would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$0</td>
</tr>
<tr>
<td>Copayments</td>
<td>$400</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

What isn’t covered:
- Limits or exclusions  | $20

The total Mia would pay is  | $400

The plan would be responsible for the other costs of these EXAMPLE covered services.
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.

阿拉伯
إن كنت لديك أو تعلم اللغة العربية، في الحصول على المساعدة والخدمات الأخرى للمواطنين الذين يتحدثون العربية، فضلاً، حاول على رقم خدمة العملاء المذكور على الورقةبطاقة معلومات. إذا لم تكن في حالة، أو

简体中文
如果您，或您正在接受帮助的人，对这些问题有疑问，您有权利获得您所使用的语言的帮助和信息。请致电我们的客户服务热线，在您的会员卡的背面。如果您不是会员，或没有会员卡，请致电855-710-6984。

Français
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 des informations dans votre langue à aucun coût. Pour parler à un interprète, composez le numéro du service client indiqué au verso de votre carte de membre. Si vous n’êtes pas membre ou si vous n’avez pas de carte, veuillez composer le 855-710-6984.

Deutsch
Falls Sie jemanden 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 Kundenservice Nummer auf der Rückseite Ihrer Mitgliedskarte an. Falls Sie kein Mitglied sind oder keine Mitgliedskarte besitzen, rufen Sie bitte 855-710-6984 an.

Ελληνικά
Εάν έχετε ή έχετε προβλήματα με την ερμηνεία, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διαμερισμό, καλέστε το αριθμό εξυπηρέτησης επικοινωνιών που αναφέρεται στο τίτλο μέσος της κάρτας μέσως σας. Αν δεν είστε μέλος ή δεν είστε κάρτα, καλέστε τον αριθμό 855-710-6984.

ગુજરાતી
જું તમારે આહાર કરતા મત અંગે હતે હોય, એકી કેમ વાચવી ચાલુ કરીને, ગુજરાતી વાચ કરતા મતે, તમારી સંપર્કપત્ર કપણી પાણી અપિલ ચેક વાંચે તથા કેટલીક લોકો હોય કે કેટલીક લોકો પાણી પાણી કેટલીક લોકો હોય કે કેટલીક લોકો પાણી કેટલીક લોકો હોય.

हिंदी
यदि आपके मामले में सहायता की आवश्यकता है तो हमारे प्रवेश, मान लें जब तक आपके मामले में सहायता की आवश्यकता है तो हमारे प्रवेश, मान लें. अंग्रेजी में सहायता की आवश्यकता है तो आपके प्रवेश, मान लें.

Italiano
Se tu o qualcuno che sta aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il servizio clienti al numero riportato sul lato posteriore della tua tessera di socio. Se non sei socio o non possiedi una tessera, puoi chiamare il numero 855-710-6984.

한국어
만약 귀하 또는 귀하를 돕는 사람이 질문이 있다면 귀하의 언어로 답변을 드릴 수 있는 권리가 있습니다. 화면 기반 텍스트에 있는 고객 서비스 번호로 전화해 주십시오. 귀하의 언어로 전화해 주십시오.

Dînâ Naşora
Tâlò ni, ñì dìtò dàlu ba'm ðàvìbi amàñòwò 'ìgì, "ànañòò. Òttà dañì ñëtò ìkè 'ìgì? Tì įñì. Òtò ìkè na ñìtò ìkè. Òtò ìkè na ñìtò ìkè.

Polski
Jeśli Ty lub osoba, której pomagasz, ma jakieś wątpliwości, może prosić o dalsze informacje po polsku. Aby porozmawiać z tłumaczem, zadzwoń pod numer powyżej na odwocie karty członkowskiej. Jeżeli nie jesteś członkiem lub nie masz przy sobie karty, zadzwoń pod numer 855-710-6984.

Русский
Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставляемую на вашей языке. Чтобы говорить с переводчиком, позвоните в отдел обслуживания клиентов по телефону, указанному на обратной стороне вашей карты участника. Если вы не являетесь участником или у вас нет карты, позвоните по телефону 855-710-6984.

Español
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 interprete comuníquese con el número del Servicio al Cliente que no es su número o no posee una tarjeta, llame al 855-710-6984.

Tagalog
Kung ikaw, o ang isang taga lahat na indunan ang ay may ring taon, may karapatan kahangalan ng tulong at impormasyon sa isang wika ngang waling bawad. Upass malapag usap sa isang tawo kay lalawigan, turnaw sa numero ng serbisyo para sa kusotnern sa likod ng kardo na miyembro. Kung ikaw ay hindi isang miyembro, o kay o waling kardo, turnaw sa 855-710-6984.

Vietnamese
Nếu quý vị hoặc người mà quý vị giúp đỡ có bất kỳ câu hỏi nào, quý vị có quyền được hỗ trợ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để chuyển với thông dịch viên, gọi số dịch vụ khách hàng ở địa điểm khác nhau của quý vị. Nếu quý vị không phải là hỗ trợ hoặc không phải là, gọi số 855-710-6984.
**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>
</tbody>
</table>
The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-458-6024 or at https://policy-srv.box.com/s/oooey8akotbzgus63he72wza5y64qbz.

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

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>For In-Network: $500 Individual/$1,500 Family</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>
</tbody>
</table>
| What is the out-of-pocket limit for this plan? | For In-Network: $1,800 Individual/$5,400 Family  
For Out-of-Network: $10,000 Individual/$30,000 Family  
Prescription drug expense limit: $1,000 Individual/$3,000 Family | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the out-of-pocket limit? | Premiums, balanced-billed charges, and healthcare this plan doesn’t cover. | Even though you pay these expenses, they don’t count toward the out-of-pocket limit.                                                                                                                                  |
| Will you pay less if you use a network provider? | Yes. See www.bcbsil.com or call 1-800-458-6024 for a list of network providers. | 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. |
| Do you need a referral to see a specialist? | No.                                                                    | You can see the specialist you choose without a referral.                                                                                                                                                           |
All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you visit a health care provider's office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>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>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay</td>
<td>Limitations, Exceptions, &amp; Other Important Information</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>-------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td><strong>In-Network Provider</strong> (You will pay the least)</td>
<td>Generic drugs</td>
<td>$10 \text{ copay}/prescription (retail) $20 \text{ copay}/prescription (mail order); deductible does not apply</td>
<td>Retail covers a 34 day supply and mail order covers a 90 day supply.</td>
</tr>
<tr>
<td><strong>Out-of-Network Provider</strong> (You will pay the most)</td>
<td>Preferred brand drugs</td>
<td>$40 \text{ copay}/prescription (retail) $80 \text{ 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 \text{ copay}. RX Out-of-Pocket Expense Limit: $1,000 Individual/ $3,000 Family.</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$60 \text{ copay}/prescription (retail) $120 \text{ 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></td>
<td>Specialty drugs</td>
<td>$80 \text{ copay}/prescription (retail); deductible does not apply</td>
<td>Specialty retail limited to a 30 day supply. Coverage based on group policy</td>
</tr>
<tr>
<td><strong>If you need drugs to treat your illness or condition</strong> More information about prescription drug coverage is available at <a href="http://www.bcbsil.com">www.bcbsil.com</a>.</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><strong>If you need immediate medical attention</strong></td>
<td>Emergency room care</td>
<td>$150 \text{ 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><strong>If you have a hospital stay</strong></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/oooey8akotbgus6h3he7z8wza5y64qbz.
<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)</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>Out-of-Network Provider (You will pay the most)</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>In-Network Provider (You will pay the least)</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>In-Network Provider (You will pay the least)</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>Out-of-Network Provider (You will pay the most)</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>In-Network Provider (You will pay the least)</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>Out-of-Network Provider (You will pay the most)</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>In-Network Provider (You will pay the least)</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>Out-of-Network Provider (You will pay the most)</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>In-Network Provider (You will pay the least)</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>Out-of-Network Provider (You will pay the most)</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/oooey8akotbzgus63he7z8wza5y64qby.
**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](http://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](http://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](http://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](http://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](http://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](http://insurance.illinois.gov).

**Does this plan provide Minimum Essential Coverage?** Yes

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

**Does this plan meet the Minimum Value Standards?** Yes

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

**Language Access Services:**

- **Spanish** (Español): Para obtener asistencia en Español, llame al 1-800-458-6024.
- **Tagalog** (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-458-6024.
- **Chinese** (中文): 如果需要中文的帮助， 请拨打这个号码 1-800-458-6024.
- **Navajo** (Dine): Dine'kehgo shika a'tohwol ninisingo, kwijijgo holne’ 1-800-458-6024.

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

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

<table>
<thead>
<tr>
<th>Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)</th>
<th>Managing Joe’s type 2 Diabetes (a year of routine in-network care of a well-controlled condition)</th>
<th>Mia’s Simple Fracture (in-network emergency room visit and follow up care)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The plan’s overall deductible</strong></td>
<td><strong>The plan’s overall deductible</strong></td>
<td><strong>The plan’s overall deductible</strong></td>
</tr>
<tr>
<td>$500</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Specialist coinsurance</strong></td>
<td><strong>Specialist coinsurance</strong></td>
<td><strong>Specialist coinsurance</strong></td>
</tr>
<tr>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Hospital (facility) coinsurance</strong></td>
<td><strong>Hospital (facility) coinsurance</strong></td>
<td><strong>Hospital (facility) coinsurance</strong></td>
</tr>
<tr>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Other coinsurance</strong></td>
<td><strong>Other coinsurance</strong></td>
<td><strong>Other coinsurance</strong></td>
</tr>
<tr>
<td>20%</td>
<td>20%</td>
<td>20%</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)

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)

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**

- $12,700
- $5,600
- $2,800

**In this example, Peg would pay:**

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$500</td>
</tr>
<tr>
<td>Copayments</td>
<td>$10</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

**What isn’t covered**

- Limits or exclusions: $60

**The total Peg would pay is**

- $570

**In this example, Joe would pay:**

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$500</td>
</tr>
<tr>
<td>Copayments</td>
<td>$1,100</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$200</td>
</tr>
</tbody>
</table>

**What isn’t covered**

- Limits or exclusions: $20

**The total Joe would pay is**

- $1,820

**In this example, Mia would pay:**

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

**What isn’t covered**

- Limits or exclusions: $0

**The total Mia would pay is**

- $1,000

The plan would be responsible for the other costs of these EXAMPLE covered services.
| Arabic | 繁體中文 | French | German | Greek | Gujarati | Hindi | Italian | Korean | Navajo | Polish | Russian | Spanish | Tagalog | Urdu | Vietnamese |
|--------|---------|--------|--------|-------|--------|-------|--------|--------|-------|--------|--------|--------|--------|--------|--------|----------|
| إن كان لديك أي أسئلة عن شريك الطاقة في الوصول على المساعدة والمعلومات الخدمة يتقدم لبون أود أراك، فأرسل على رقم خط الخاصة المشترك على نظري بطريقة عوضية. إذا لم تكن نعمًا أو | 如果您或您正在等待的合同对象，对此有疑问，您有权免费向您的配偶获得帮助和信息。咨询一位翻译员，获取他们会员卡背面的客户服务电话号码。如果您不是会员，或没有会员卡，请致电 855-710-6684. | Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, composez le numéro du service client indiqué au verso de votre carte de membre. Si vous n'êtes pas membre ou si vous n'avez pas de carte, veuillez composer le 855-710-6684. | Falls Sie oder jemanden, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Kundenservicehinweise auf der Rückseite Ihrer Mitgliedskaart an. Falls Sie kein Mitglied sind oder keine Mitgliedskaart besitzen, rufen Sie bitte 855-710-6684 an. | Εάν έχετε ή έχετε τη δυνατότητα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μην έχετε σε έναν διάμορφο, καλέστε τον αριθμό εξυπηρέτησης τηλεφώνων που αναγράφεται στο πίσω μέρος της κάρτας μέλους σας. Εάν δεν έχετε κάρτα, καλέστε τον αριθμό 855-710-6684. | જુઓ તમારે અધિક તમામ માત્ર દર્શાવેલ નથી, તેઓ વૈશ્બદ્ધતા અને સંબંધિત પ્રશ્નની સમય કારણે પણ કેટલાક કારણો | यदि आपके पास नहीं है, तो आपके अभाव में या अंजीर असहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुरूप से बात करने के लिए, अपने सदस्य कार्ड के पीछे दिखलाए गए शब्द सेवा नंबर पर कॉल करें। | Se tu o qualcuno che stai aiutando aveva domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il servizio clienti al numero riportato sul lato posteriore della tua tessera di socio. Se non sei socio o non possiedi una tessera, puoi chiamare il numero 855-710-6684. | 만약 그녀 또는 그녀가 알려주는 사람이 질문이 있으면 그녀는 주로 다른 정보를 귀하의 언어로 번역할 수 있는 권리가 있습니다. 회원 카드 없음에 고객 서비스 번호로 전화하십시오. 회원이 아니거나 카드가 없으면 855-710-6684으로 전화하십시오. | 8길이, 저도 도고 돕다 bika anafi tewi 'igi, na 'ididkgo, ta ida bec na abho'di 'igi t 'a i ni'dike a doko. Ata ha 'nde 'igi na hadeczins ni 'igi ko kwe na da 'a mshes ake anikaelo 'igi bichi [k] hodifin, bec 'a ni'elisi bine 'idig' bika. Koji atah naaatsa zai hadidgokol yidodago bani he 'idigo ilani aho ko hodifi 'igi 855-710-6684. |
| Polski | Русский | Espanol | Tagalog | Urdu | Tiếng Việt | 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.

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
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 bcbil.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.

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.
The HMO Plans

HMOs offer valuable benefits with the security of predictable copayments.

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

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

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

HMO Networks

HMO Illinois offers access to one of the largest contracting health care provider networks in Illinois. In fact, your regular doctor may already be part of the network. If your doctor is not in the network and you are undergoing a course of evaluation or medical treatment or are in the second or third trimester of pregnancy when you join the plan, you may request transition of care benefits. Benefits for transitional services may be authorized for up to 90 days. After this period, all care must be transferred to a new PCP or medical group in the HMO network. Contact Customer Service at the number on your BCBSIL ID card for more information.

The Blue Advantage HMO contracting provider network is a subset of the HMO Illinois network. Although smaller, it offers a broad choice of contracting providers and is for members who are looking for a more affordable health care plan. Blue Advantage HMO members also have access to the same contracting Illinois hospitals as HMO Illinois members for specialty care, with an approved referral from the member’s contracting medical group.

If you have a question, visit bcbsil.com or call Customer Service at 800-892-2803.
Medical Care

The range of benefits includes coverage for:

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

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

Preventive Care

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

Vision Care

Your vision care benefits are available through EyeMed Vision Care, a leading national provider of vision care programs. You have access to one of the nation’s largest networks of independent eye doctors and well-known retail providers — with many in-network providers offering extended weeknight and weekend hours. Call Customer Service at the number on the back of your ID card or visit eyemed.com for more information.

BlueCard®

This program covers HMO members traveling outside of Illinois who need medical attention. To learn more about this benefit, please call the number on your ID card.

To find a contracting provider in the area in which you are traveling, call the BlueCard program toll-free at 800-810-BLUE (800-810-2583) or search the Blue Cross and Blue Shield Association’s website at bcbs.com. You can then call the provider directly to make an appointment. You pay the applicable copayment at the time of service and don’t need to submit claim forms.

If you have a question, visit bcbsil.com or call Customer Service at 800-892-2803.
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. When a medical emergency occurs, first try to call your PCP. Someone from your medical group is available 24 hours a day, seven days a week. Your PCP or another doctor in your medical group may be able to treat you in the office. If you are unable to call your PCP, go directly to the nearest hospital emergency room and notify your PCP as soon as possible.

If you are admitted, someone must contact your PCP immediately upon admission. Your emergency room copayment will be waived, but you will have to pay your inpatient hospital copayment, if applicable. Emergency care benefits are limited to the initial emergency treatment. To receive additional benefits, your PCP must provide or coordinate follow-up care.

Reconstructive Surgery

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

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

Utilization Management

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

Substance Use Disorder

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

If you have a question, visit bcbsil.com or call Customer Service at 800-892-2803.
Other Benefits for Non-HMO Plans

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

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

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

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

With the BlueCard program, there are two ways to locate contracting doctors and hospitals:
- Visit the website at bcbsil.com 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 SelectSM coverage, your dependents must live within the defined service area.

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

International Coverage

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

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

You also have coverage at non-contracting hospitals, but you will have to pay the doctor or hospital for care at the time of service, then submit an international claim form with original bills. Call Customer Service at the toll-free customer service number on your 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 Cross and Blue Shield of Illinois (BCBSIL) helps you get the most out of your health care benefits with Blue Access for Members℠ (BAM℠). You and all covered dependents age 18 and up can create a BAM account.

**Blue Access for Members℠**

**Health Care at Your Fingertips**

**With BAM, you can:**

- Use our Provider Finder® 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](http://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.*
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.
Understanding Your Explanation of Benefits

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.

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.

Available in Spanish
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.
Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified MDLIVE doctor
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes

MDLIVE doctors can treat a variety of non-emergency conditions, including:

- Allergies
- Anxiety
- Asthma
- Cold/flu
- Depression
- Ear infections (age 12+)
- Fever (age 3+)
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Sinus Infections
- Stress management
- And more

Virtual Visits doctors may also send an e-prescription to your local pharmacy if necessary.

Prepare for the Unexpected—Activate Your MDLIVE Account Now!

There is no charge to set up your account, but you may have a charge for your visit depending on your benefit plan.

Activate your account - pick the way that is easiest for you:

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

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

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

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.
Your Doctor Is In…
Provider Finder®

*Spend less time looking for a doctor and more time enjoying your life.*
Provider Finder from Blue Cross and Blue Shield of Illinois (BCBSIL) is a fast, easy-to-use tool to find your next health care provider. Plus, it can help you manage health care costs.

Go to bcbsil.com and log in or create a Blue Access for MembersSM (BAMSM) 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.
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 Members℠ (BAM℠) 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 Name²</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, Avalide, 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, diitiazem, 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.
Blue Cross and Blue Shield of Illinois (BCBSIL) has arranged for AllianceRx Walgreens Prime* to support members who need self-administered specialty medication and help them manage their therapy.

Do You Need Specialty Medications?

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 caregiver). 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 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>Inrelex, Omnitrope</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Epclusa, Harvoni, Mavyret and Vosevi</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>Betaseron, Copaxone, Rebin</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

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.

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.

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 Members 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.
Q&A: Prescription Drug List

What is a prescription drug list?
Your prescription drug benefit plan is based on the Blue Cross and Blue Shield of Illinois (BCBSIL) drug list. It is a list of drugs routinely reviewed and chosen based on the recommendations of a group of people from throughout the country who hold a medical or pharmacy degree. U.S. Food and Drug Administration (FDA)-approved drugs are chosen based on their safety, cost and how well they work. The Enhanced Drug List is a smaller version of the Basic Drug List. It has mostly generic and select preferred brand drugs. The Balanced Drug List, Performance Drug List, Performance Select Drug List and 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 bcbsil.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.

ANTIHYPERTENSIVES
Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations
benazepril hcl tab
benazepril/hydrochlorothiazide tab
captopril tab
enalapril maleate tab
enalapril maleate/hydrochlorothiazide tab
fosinopril sodium tab
fosinopril sodium/hydrochlorothiazide tab
lisinopril tab
lisinopril/hydrochlorothiazide tab
moexipril hcl tab
perindopril erbumine tab
quinapril hcl tab
quinapril/hydrochlorothiazide tab
ramipril cap	trandolapril tab
Angiotensin II Receptor Antagonist (ARBs) and Combinations
candesartan cilexetil tab
candesartan cilexetil-losartan potassium tab
candesartan cilexetil-hydrochlorothiazide tab
candesartan cilexetil-irbesartan-hydrochlorothiazide tab
candesartan cilexetil-tab
telmisartan-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
labetalol hcl tab
metoprolol tartrate tab
metoprolol succinate tab
tablet
nadolol tab
pindolol tab
propranolol hcl tab
propranolol cap er 24hr	
Calcium Channel Blockers and Combinations
amiodipine besylate tab
amiodipine besylate-benazepril hcl cap
amiodipine besylate-valsalan tab
amiodipine-valsalan-hydrochlorothiazide tab
diltiazem hcl coated beads cap er 24hr
diltiazem hcl tab
DEPRESSION
amitriptyline hcl tab
buproprion hcl tab
buproprion hcl tab er
citalopram hydrobromide
clofazimine hcl cap
desipramine hcl tab
duloxetine hcl enteric coated pellets cap
estcitalopram oxalate tab
fluoxetine hcl
fluvoxamine maleate tab
imipramine hcl cap
mirtazapine tab
nortriptyline hcl cap
paroxetine hcl tab
phenelzine sulfate tab
sertraline hcl
trazcyclomiprime sulfate tab
trazodone hcl tab
venlafaxine hcl cap er
venlafaxine hcl tab
DIABETES
acarbose tab
BAQSIMI ONE PACK
glemepride tab
glipizide tab
glipizide tab er 24hr
glipizide-metformin hcl tab
GLUCAGON EMERGENCY KIT
glyburide micronized tab
glyburide tab
glyburide-metformin tab
GLYXAMBI
GVOKE HYPOPEN 1-PACK
GVOKE PFS
HUMULIN R
INVOKAMET
INVOKAMET XR
INVOKANA
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
KOMBIGLYZE XR
LANTUS
LANTUS SOLOSTAR
LEVEMIR
metformin hcl tab
metformin hcl tab er
novolog cap
NOVOLIN 70/30
NOVOLIN N
NOVOLOG
NOVOLOG MIX 70/30
pioglitazone hcl-metformin hcl tab
pioglitazone hcl tab
repaglinide tab
Rybelsus
SOLiqua 100/33
TRESIBA
VICTOZA
XULTOPHY 100/3.6

Preferred brand drugs are shown in all CAPITAL LETTERS. Generic drugs are shown in lower-case type. Drug trademarks and service marks are the property of their respective third-party owners.
A home-delivery pharmacy service you can trust.

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 alliancexwp.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.1 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.

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Get Started Now!
It’s As Easy As…

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

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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℠ (BAM℠). 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

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1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.
2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. 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.

For more great deals or to learn more about Blue365, visit blue365deals.com/bcbsil.

The relationship between these vendors and Blue Cross and Blue Shield of Illinois (BCBSIL) is that of independent contractors. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

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

Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSIL does not guarantee or make any claims or recommendations about the program’s services or products. Members should consult their doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.
Experience a New Kind of Wellness — Log In to the Well onTarget Portal

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

Member Wellness Portal

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

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

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

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

- **Tools and Trackers:** These interactive resources help keep you on track while making wellness fun.
• **Health Assessment:** Answer some questions to learn more about your health and receive a personal wellness report.

• **Fitness 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.*
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 PointsSM.

- **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.
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 Program
Fitness can be 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.
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.
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.
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 yet!*
• 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.
ACT NOW!
FREE† CONTOUR® NEXT portfolio meter
Visit your local pharmacy to get your free meter today!

This coupon is part of the Ascensia Diabetes Care Free Meter Program. This coupon must be accompanied by a prescription. If none on file, please contact the physician. Please dispense one (1) CONTOUR® NEXT ONE, CONTOUR® NEXT EZ, or CONTOUR® NEXT meter at no charge to the patient. Transmit the claim on-line to RxSolutions. This coupon is valid for one fill only, and refills will not be authorized. Processor requires valid Prescriber ID, Patient Name, and DOB to adjudicate claim. Please remove the ID# from the patient profile after claim is processed. For assistance in filling this claim, please call the Help Desk at 1-800-280-4486.

LIMITATIONS & RESTRICTIONS. This coupon is being provided to you by Ascensia Diabetes Care for one free CONTOUR® NEXT ONE, CONTOUR® NEXT EZ, or CONTOUR® NEXT meter. This coupon should be taken to your local pharmacy where you will receive a meter without charge. Ascensia Diabetes Care reserves the right to change or terminate this program at any time without notice. Claim for product dispensed pursuant to this card shall be submitted to RxSolutions ONLY for reimbursement and cannot be submitted for reimbursement by federal or state insurance programs such as Medicare, Medicaid or any 3rd Party payer for reimbursement. Limit one meter per person.

For more information about diabetes, go to bcbsil.com, log in to Blue Access for MembersSM (BAMSM) and click the ‘My Health’ tab.
Health Care Reform
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. |
| 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. |
| 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. |
| 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. |
| 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. |
| 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.

<table>
<thead>
<tr>
<th>In these cases, you have both the right and choice to tell us to:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Share information with your family, close friends, or others involved in payment for your care</td>
<td></td>
</tr>
<tr>
<td>• Share information in a disaster or relief situation</td>
<td></td>
</tr>
<tr>
<td>• Contact you for fundraising efforts</td>
<td></td>
</tr>
</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th>Help manage the health care treatment you receive</th>
<th>We can use your health information and share it with professionals who are treating you.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Run our organization</th>
<th>We can use and disclose your information to run our organization and contact you when necessary.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: We use health information to develop better services for you.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pay for your health Services</th>
<th>We can use and disclose your health information since we pay for your health services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: We share information about you with your dental plan to coordinate payment for your dental work.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administer your plan</th>
<th>We may disclose your health information to your health plan sponsor for plan administration purposes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: If your company contracts with us to provide a health plan, we may provide them certain statistics to explain the premiums we charge.</td>
<td></td>
</tr>
</tbody>
</table>
How else can we use or share your health information?
We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

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

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

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

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

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

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

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

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

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

Additional information about your Privacy Rights can be found @ https://www.hhs.gov/hipaa/
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 you 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.** |
| 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. |
| 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 | Phone: | 855-664-7270 (voicemail) |
| 300 E. Randolph St. | TTY/TDD: | 855-661-6965 |
| 35th Floor | Fax: | 855-661-6960 |
| Chicago, Illinois 60601 | 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: |
| You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at: |

<p>| U.S. Dept. of Health &amp; Human Services | Phone: | 800-368-1019 |
| 200 Independence Avenue SW | TTY/TDD: | 800-537-7697 |
| Room 509F, HHH Building 1019 | Complaint Portal: | <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a> |</p>
<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Español</td>
<td>Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.</td>
</tr>
<tr>
<td>العربية</td>
<td>إن كان لديك أو لدى شخص تساعده أسئلة، فلدى الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع متهم فوري، اتصل على الرقم 855-710-6984.</td>
</tr>
<tr>
<td>繁體中文</td>
<td>如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話 號碼 855-710-6984。</td>
</tr>
<tr>
<td>Français</td>
<td>Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.</td>
</tr>
<tr>
<td>Deutsch</td>
<td>Falls Sie oder 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>गुजराती</td>
<td>જો તમને અધિકાર તમે મેટ હુંબર રાહ થય અથવા કોઈપણ વધારો દેખી શકી બેઠતાં અમે, શાખામાં આવતે એવો હોય તો, તમને વિષય રાખવાની, તમારી લાગણીમાં મેટને અને મુલાકાત લોવાની ક્ષમતા હેક છે. ડુબ્લિકાઇંગ સાથે વાંતર કરવા અથવા નાંજર 855-710-6984 પર કોલ કરો.</td>
</tr>
<tr>
<td>हिंदी</td>
<td>यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क 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>Italiano</td>
<td>Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.</td>
</tr>
<tr>
<td>한국어</td>
<td>만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984로 전화하십시오.</td>
</tr>
<tr>
<td>Diné (Navajo)</td>
<td>T’áá ni, éí doodago la’da biká anánííwo’ií, na’idilkidgo, ts’idá bee ná ahóóti’i’ ts táá níik’e níka a doolwól dóó bina’idilkidigii bee ní h oodóonih. Atá’dahalne’igíí biich’i’ hodiliih kwe’é 855-710-6984.</td>
</tr>
<tr>
<td>فارسی</td>
<td>اگر شما، یا یکی که شما به او معنی کرده سوالاتشان را بپرسید و او در جواب آنها هر چیزی که به یک خوان خوده، به طور رایگان کمک کند و اطلاعات دریافت نماید. حتماً که یک متهم فوری هستی، شماره 855-710-6984 نام صاحب نمایید.</td>
</tr>
<tr>
<td>Polski</td>
<td>Jeśli Ty lub osoba, której pomagasz, macie jakieś kolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoni pod numer 855-710-6984.</td>
</tr>
<tr>
<td>Русский</td>
<td>Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Úpang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.</td>
</tr>
<tr>
<td>اردو</td>
<td>اگر اب کو، یا کسی اسپسی فرد کو جس کو اب مدت کرہی ہوئی، کوئی سوال دریں ہی تو، اب کو اپنی زبان مسرت مفت مدت اور معلومات حاصل کرنے کا حق ہے۔ متهم سے بات کرنے کے لئے، 855-710-6984 پر کال کریں.</td>
</tr>
<tr>
<td>Tiếng Việt</td>
<td>Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.</td>
</tr>
</tbody>
</table>
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 the Uniform Services Employment and Re-employment Rights Act (USERRA). 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/official, 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 enrollment 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: SS3PPPO) 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.
ENROLLMENT APPLICATION/CHANGE FORM

BlueCross BlueShield of Illinois

SECTION 1 — ENROLLMENT EVENTS

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*  □ Birth
□ 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

Last Name  First Name  MI (opt)  Suffix  Birth Date (MM/DD/YYYY)  Social Security #  __ __ __ __

Mailing Address - Street - Apt #  City  State  ZIP code

Email Address  □  Male  □  Female  Home/Cell Phone #

Name of Employer  Job Title  Business Phone #  Employment Date (MM/DD/YYYY)

Eligibility Status:  □  Active Employee  □  Retired Employee - Date of Retirement: ________

□  Illinois Continuation (insured plans only) Start Date ________  COBRA Coverage Start Date ________

Projected End Date ________

SECTION 3 — SELECT YOUR COVERAGE

Affordable Care Act Plans
□  PPO  □  Blue Choice Preferred PPO
□  Blue Options*  □  Other ________

Grandfathered and Grandmothered/Transitional Plans
□  Blue Advantage Entrepreneur PPO
□  Blue Choice Select PPO
□  Blue Choice Select PPO
□  BlueEdge Select HSA
□  Blueedge HSA
□  Blueedge HCA Direct
□  Other ________

Small Group Plans (1-50 Employees)

Plan # (required) ____________

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

Plan # (required) ____________

Large Group Custom Plans (151+ Employees)

Plan # (required) ____________

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: ____________________________  Wage Rate $________________ per __ hour __ week __ month __ year

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
First Name  Initial  Last Name  Relationship  Birth Date (MM/DD/YYYY)  Social Security #  __ __ __ __

Contingent Beneficiary
First Name  Initial  Last Name  Relationship  Birth Date (MM/DD/YYYY)  Social Security #  __ __ __ __

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

32230.019
**SECTION 4 — COVERAGE OPTIONS**

Please complete all areas that apply.

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.

<table>
<thead>
<tr>
<th>Employee/Enrollee's Name</th>
<th>PCP Name</th>
<th>IPA Name</th>
<th>WPHCP Name</th>
<th>IPA #</th>
<th>IPA Name</th>
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</table>

<table>
<thead>
<tr>
<th>Dependent's Name</th>
<th>New Patient?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>Y</td>
</tr>
<tr>
<td>Wife</td>
<td>Y</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>Y</td>
</tr>
<tr>
<td>Party to a Civil Union</td>
<td>Y</td>
</tr>
</tbody>
</table>

**IPA Name**

<table>
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**Dependent's Social Security #**

<table>
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<tr>
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</tr>
<tr>
<td>Daughter</td>
<td>Y</td>
</tr>
<tr>
<td>Other Eligible Dependent</td>
<td>Y</td>
</tr>
</tbody>
</table>

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

**Home Address (if different)**

Street/City/State/ZIP code

**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 #**

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- Y
- N

**Dependent's Social Security #**

**SECTION 5 — DISABLED DEPENDENT**

Please complete if applicable.

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

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

<table>
<thead>
<tr>
<th>Medicare D (Drug) Carrier:</th>
<th>Medicare HIC # (From Medicare Card)</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>
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Please indicate reason for Medicare Eligibility:

- Entitled Age
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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.

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
<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>العربية</td>
<td>إن كان لديك أو لدى شخص تساعد ابنته، فعليك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون إعاقة. للتحدث مع مترجم، اتصل على الرقم 855-710-6984.</td>
</tr>
<tr>
<td>中文</td>
<td>如果您或您正在协助的对象，对此有疑问，您有权免费以您的母语获得帮助和信息。请询一位翻译员，请拨电话号码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 έτσις 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 855-710-6984.</td>
</tr>
<tr>
<td>Gujarati</td>
<td>જો તમને સહાય મળવું હોય તો ધારા બદલીને આલુદી કારણથી સંક્રમણ ફાયદો નથી, તો તમને વિષયસર પ્રદાન મળે જણાવી રાખવું જરૂરી છે. ઉદાહરણે સાથે વધુ કરવા માટે આ નંબર 855-710-6984 પર કોલ કરીને તમારી સલાહ માંગો.</td>
</tr>
<tr>
<td>Hindi</td>
<td>यदि आपके, या आप जुड़कर सहायता कर रहे हैं तो अपने प्रश्न हैं, तो आपको अपनी भाषा में ज्ञानशाला 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 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.</td>
</tr>
<tr>
<td>Navajo</td>
<td>T'áá ni, őz doodago ḥ’a ḥ’a bíná áníhwéʼįįʼ, naʼidilkidgo, tsʼidá bíné ná ahóóʼi’i ti t’aá níík’e niík’ a’doolwoł dóó bíná áníhwéʼįįʼ bíné ní l h odoonih. ᴄhí dahalné’iि bích’i’i hódiilníh kwe’ 855-710-6984.</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>
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<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 y 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 makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.</td>
</tr>
<tr>
<td>Urdu</td>
<td>اگر آپ کو، یا کسی اپنے فرد کو کسی آپ کے درمیان کے بین، کوئی سوال دریش ہو، آپ کو کہیں میں مفت مدد اور معلومات حاصل کرنا ہے حاصل کرنا ہے 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>
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