Enrollment Guide
American Library Association
PPO, HMO, BLUE ADVANTAGE HMO
2022
Get the Most from Your Health Plan

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

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

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

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

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

#### What is the overall deductible?

| For In-Network: $500 Individual / $1,500 Family  
| For Out-of-Network: $700 Individual / $2,100 Family  
| Three Month Carryover |

**Answers**

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.

**Why This Matters:**

#### Are there services covered before you meet your deductible?

Yes. Certain preventive care, prescription drugs, and emergency room services are covered before you meet your deductible.

**Why This Matters:**

#### Are there other deductibles for specific services?

No.

**Why This Matters:**

#### 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 |

**Answers**

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.

**Why This Matters:**

#### What is not included in the out-of-pocket limit?

Premiums, balance-billing charges, and health care this plan doesn’t cover.

**Why This Matters:**

#### Will you pay less if you use a network provider?

Yes. See [www.bcbsil.com](http://www.bcbsil.com) or call 1-800-458-6024 for a list of network providers.

**Why This Matters:**

#### Do you need a referral to see a specialist?

No.

**Why This Matters:**
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>In-Network Provider (You will pay the least)</th>
<th>Out-of-Network Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you 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>
<td>Virtual Visits: 20% coinsurance/visit; deductible applies. See your benefit booklet* for details. No benefits will be provided for services which are not, in the reasonable judgment of Blue Cross and Blue Shield, medically necessary.</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No Charge; deductible does not apply</td>
<td>40% coinsurance</td>
<td>You may have to pay for services that aren’t preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.</td>
</tr>
<tr>
<td>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>
<td>Preauthorization may be required; see your benefit booklet* for details.</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>
<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/41jteos7r5pykkehr2nkjy3imwhx02s6](https://policy-srv.box.com/s/41jteos7r5pykkehr2nkjy3imwhx02s6).
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-Network Provider (You will pay the least)</td>
<td>Out-of-Network Provider (You will pay the most)</td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>$10 copay/prescription (retail); deductible does not apply</td>
<td>$10 copay/prescription (retail); deductible does not apply</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>$40 copay/prescription (retail); deductible does not apply</td>
<td>$40 copay/prescription (retail); deductible does not apply</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$60 copay/prescription (retail); deductible does not apply</td>
<td>$60 copay/prescription (retail); deductible does not apply</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>$80 copay/prescription (retail); deductible does not apply</td>
<td>Not Covered</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No Charge; deductible does not apply</td>
<td>20% coinsurance; deductible does not apply</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge; deductible does not apply</td>
<td>20% coinsurance; deductible does not apply</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room care</td>
<td>$150 copay/visit; deductible does not apply</td>
<td>$150 copay/visit; deductible does not apply</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Urgent Care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

* For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/41jteos7r5pykeqq2nkjy3imwhx02s6. 

For Out-of-Network drug provider, you are responsible for 25% of the eligible amount after the copayment.

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.

34-day supply at Retail
90-day supply at Mail Order

Rx Out-of-Pocket Expense Limit: $1,000 Individual / $3,000 Family
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-Network Provider (You will pay the least)</td>
<td>Out-of-Network Provider (You will pay the most)</td>
</tr>
<tr>
<td><strong>If you need mental health, behavioral health, or substance abuse services</strong></td>
<td>Outpatient services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td><strong>If you are pregnant</strong></td>
<td>Office visits</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td><strong>If you need help recovering or have other special health needs</strong></td>
<td>Home health care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td><strong>If your child needs dental or eye care</strong></td>
<td>Children's eye exam</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Children's glasses</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Children's dental check-up</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

* For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/41jeos7r5pykeeqg2nkjy3imwhx02s6.
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>• Dental care (Adult)</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>

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

| • Bariatric surgery |
| • Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases) |
| • Chiropractic care (Chiropractic and Osteopathic manipulation limited to 30 visits per calendar year) |
| • Hearing aids (for children 1 per ear every 24 months for, adults up to $2,500 per ear every 24 months) |
| • Infertility Treatment |
| • Most coverage provided outside the United States. See www.bcbsil.com |
| • Non-emergency care when traveling outside the U.S. |
| • Private-duty nursing (with the exception of inpatient private duty nursing) (limited to 48 visits) |
| • Routine eye care (Adult) |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-458-6024, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

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

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

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

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

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

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

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

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

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

In this example, Peg would pay:

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

**What isn’t covered**

Limits or exclusions: $60

**The total Peg would pay is:** $1,860

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

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

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

**Total Example Cost:** $5,600

In this example, Joe would pay:

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

**What isn’t covered**

Limits or exclusions: $20

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

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

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

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

**Total Example Cost:** $2,800

In this example, Mia would pay:

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

**What isn’t covered**

Limits or exclusions: $0

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

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

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

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

<table>
<thead>
<tr>
<th>If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Civil Rights Coordinator</td>
</tr>
<tr>
<td>300 E. Randolph St.</td>
</tr>
<tr>
<td>35th Floor</td>
</tr>
<tr>
<td>Chicago, Illinois 60601</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>U.S. Dept. of Health &amp; Human Services</th>
<th>Phone: 800-368-1019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence Avenue SW</td>
<td>TTY/TDD: 800-537-7697</td>
</tr>
<tr>
<td>Room 509F, HHH Building 1019</td>
<td>Complaint Portal: <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a></td>
</tr>
</tbody>
</table>
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/s0vyw0l50yxsral7yaljv82or4pu7c.

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

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$0</td>
<td>See the Common Medical Events chart below for your costs for services this plan covers.</td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>No.</td>
<td>You will have to meet the deductible before the plan pays for any services.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>$1,500 Individual / $3,000 Family Prescription drug expense limit: $1,000 Individual / $2,000 Family</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, balance-billing charges, and health care this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Will you pay less if you use a network provider?</td>
<td>Yes. See <a href="http://www.bcbsil.com">www.bcbsil.com</a> or call 1800-892-2803 for a list of network providers.</td>
<td>This plan uses a provider network. You will pay less if you use a provider in the plan’s network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider’s charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</td>
</tr>
<tr>
<td>Do you need a referral to see a specialist?</td>
<td>Yes.</td>
<td>This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.</td>
</tr>
</tbody>
</table>
All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

<table>
<thead>
<tr>
<th>Common Medical Event</th>
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<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you visit a health care provider’s office or clinic</strong></td>
<td>Primary care visit to treat an injury or illness</td>
<td>In-Network Provider (You will pay the least) $30 <strong>copay</strong>/visit</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>In-Network Provider (You will pay the least) $50 <strong>copay</strong>/visit</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/ immunization</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>If you have a test</strong></td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>If you need drugs to treat your illness or condition</strong></td>
<td>Generic drugs</td>
<td>In-Network Provider (You will pay the least) $10 <strong>copay</strong>/prescription (retail) $20 <strong>copay</strong>/prescription (mail order)</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>In-Network Provider (You will pay the least) $40 <strong>copay</strong>/prescription (retail) $80 <strong>copay</strong>/prescription (mail order)</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>In-Network Provider (You will pay the least) $60 <strong>copay</strong>/prescription (retail) $120 <strong>copay</strong>/prescription (mail order)</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>In-Network Provider (You will pay the least) $80 <strong>copay</strong>/prescription (retail)</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>If you have outpatient surgery</strong></td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
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## 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](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 1-800-892-2803 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 1-877-527-9431 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:


*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>
<thead>
<tr>
<th>Cost sharing</th>
<th>Deductibles</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copayments</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</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:**

<table>
<thead>
<tr>
<th>Cost sharing</th>
<th>Deductibles</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copayments</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

**What isn’t covered**

- Limits or exclusions: $20

**The total Joe would pay is**: $1,020

### 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:**

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

**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.
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:</th>
<th>855-664-7270 (voicemail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 E. Randolph St.</td>
<td>TTY/TDD:</td>
<td>855-661-6965</td>
</tr>
<tr>
<td>35th Floor</td>
<td>Fax:</td>
<td>855-661-6960</td>
</tr>
<tr>
<td>Chicago, Illinois  60601</td>
<td>Email:</td>
<td><a href="mailto:CivillRightsCoordinator@hcsc.net">CivillRightsCoordinator@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:</th>
<th>800-368-1019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence Avenue SW</td>
<td>TTY/TDD:</td>
<td>800-537-7697</td>
</tr>
<tr>
<td>Room 509F, HHH Building 1019</td>
<td>Complaint Portal:</td>
<td><a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a></td>
</tr>
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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/6mcfpovpbck88nxdtu2z6hkk7f7f1az.

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.

### Important Questions

| What is the overall deductible? | $0 | See the Common Medical Events chart below for your costs for services this plan covers. |
| Are there services covered before you meet your deductible? | No. | You will have to meet the deductible before the plan pays for any services. |
| Are there other deductibles for specific services? | No. | You don’t have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan? | $1,500 Individual / $3,000 Family Prescription drug expense limit: $1,000 Individual / $2,000 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, balance-billing charges, and health care 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 1800-892-2803 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? | Yes. | This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist. |
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><strong>If you visit a health care provider’s office or clinic</strong></td>
<td>Primary care visit to treat an injury or illness</td>
<td>In-Network Provider (You will pay the least): $30 <strong>copay</strong>/visit</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>Out-of-Network Provider (You will pay the most): Not Covered</td>
<td>Referral required.</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/ immunization</td>
<td>No Charge</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>
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<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
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<td><strong>If you need drugs to treat your illness or condition</strong></td>
<td>Generic drugs</td>
<td>$10 <strong>copay</strong>/prescription (retail) $20 <strong>copay</strong>/prescription (mail order)</td>
<td>34-day supply at Retail 90-day supply at Mail Order</td>
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<td></td>
<td>Preferred brand drugs</td>
<td>$40 <strong>copay</strong>/prescription (retail) $80 <strong>copay</strong>/prescription (mail order)</td>
<td>Referral required.</td>
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<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$60 <strong>copay</strong>/prescription (retail) $120 <strong>copay</strong>/prescription (mail order)</td>
<td>Dispensing limit may apply to certain drugs.</td>
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<td>Specialty drugs</td>
<td>$80 <strong>copay</strong>/prescription (retail)</td>
<td>Self-injectable drugs covered at $50.</td>
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<tr>
<td><strong>If you have outpatient surgery</strong></td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No Charge</td>
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</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 1800-892-2803, 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 1800-892-2803 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 1-877-527-9431 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:
Navajo (Dine): Dine'ehgo shika a'tohwl ninisingo, kwijijo hohe' 1800-892-2803.

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 prenatal 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>
<thead>
<tr>
<th>Cost sharing</th>
<th>Cost sharing</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>
<tr>
<td>Limits or exclusions</td>
<td>$60</td>
</tr>
</tbody>
</table>

**What isn’t covered**

**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:**

<table>
<thead>
<tr>
<th>Cost sharing</th>
<th>Cost sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$0</td>
</tr>
<tr>
<td>Copayments</td>
<td>$1,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Limits or exclusions</td>
<td>$20</td>
</tr>
</tbody>
</table>

**What isn’t covered**

**The total Joe would pay is**: $1,020

### 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:**

<table>
<thead>
<tr>
<th>Cost sharing</th>
<th>Cost sharing</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>
<tr>
<td>Limits or exclusions</td>
<td>$0</td>
</tr>
</tbody>
</table>

**What isn’t covered**

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

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

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

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

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

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

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

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

PPO Network
Access to the large network of contracting providers is one of the many reasons to select the PPO plan. The network includes hospitals, physicians, therapists, behavioral health professionals and alternative care practitioners.

You and your covered dependents can receive care from any licensed doctor, hospital or other provider. However, when you use a contracting network provider, you will pay less out of pocket, you won’t have to file any claims and you will receive the highest level of benefits. If you use a doctor outside the network, you’ll still be covered, but your out-of-pocket costs may be significantly higher.

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

To find a contracting doctor or hospital, just go to bcbsil.com and click on the Find a Doctor or Hospital tab to use the Provider Finder tool, or call BlueCard® Access at 800-810-BLUE (800-810-2583) for help.

Once you become a member, you can also call the toll-free Customer Service number on the back of your member ID card.

*Coverage levels vary by health plan, so refer to your plan documents for details.
Confused About Where to Go for Care?
SmartER Care™ options may save you money.

If you aren’t having an emergency, deciding where to go for medical care may save you time and money.

You have choices for where you get non-emergency care — what we call SmartER Care. Use this chart to help you figure out when to use each type of care.

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

<table>
<thead>
<tr>
<th>Retail Health Clinic</th>
<th>Doctor’s Office</th>
<th>Urgent Care Center</th>
<th>Hospital ER</th>
<th>Freestanding ER</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Based on retail store hours</td>
<td>• Office hours vary</td>
<td>• Generally includes evenings, weekends and holidays</td>
<td>• Open 24 hours, seven days a week</td>
<td>• Open 24 hours, seven days a week</td>
</tr>
<tr>
<td>• Usually lower out-of-pocket cost to you than urgent care</td>
<td>• Generally the best place to go for non-emergency care</td>
<td>• Could be transferred to a hospital-based ER depending on medical situation</td>
<td>• Average wait time is 35-49 minutes</td>
<td>• Could be transferred to a hospital-based ER depending on medical situation</td>
</tr>
<tr>
<td>• Often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems</td>
<td>• Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history</td>
<td>• Services do not include trauma care</td>
<td>• Average wait time is 16-24 minutes</td>
<td>• Services do not include trauma care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Often used when your doctor’s office is closed, and you don’t consider it an emergency</td>
<td>• If you receive emergency room (ER) care from an out-of-network provider, you may have to pay more. Providers outside the network may “balance bill” you, which means they may charge you more than your health plan’s fee schedule.</td>
<td>• If you receive emergency room (ER) care from an out-of-network provider, you may have to pay more. Providers outside the network may “balance bill” you, which means they may charge you more than your health plan’s fee schedule.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Average wait time is 18 minutes</td>
<td>• Multiple bills for services such as doctors and facility</td>
<td>• All freestanding ERs charge a facility fee that urgent care centers do not. You may receive other bills for each doctor you see.</td>
</tr>
</tbody>
</table>

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

4 The Texas Association of Health Plans.

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

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

<table>
<thead>
<tr>
<th>Who usually provides care</th>
<th>Doctor’s Office</th>
<th>Retail Health Clinic</th>
<th>Urgent Care Center</th>
<th>Hospital ER</th>
<th>Freestanding ER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprains, strains</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Animal bites</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>X-rays</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Stitches</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Mild asthma</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Minor headaches</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Back pain</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Nausea, vomiting, diarrhea</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Minor allergic reactions</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Coughs, sore throat</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Bumps, cuts, scrapes</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Rashes, minor burns</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Minor fevers, colds</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Ear or sinus pain</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Burning with urination</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
<tr>
<td>Eye swelling, irritation, redness or pain</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>★</td>
<td>❌</td>
</tr>
</tbody>
</table>

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

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

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

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

Find urgent care centers near you by texting URGENTIL to 33633.
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 your third trimester of pregnancy when you join the plan, you may request transition of care benefits. Benefits for transitional services may be authorized for up to 90 days. After this period, all care must be transferred to a new PCP or medical group in the HMO network. Contact Customer Service at the number on your BCBSIL ID card for more information.
The Blue Advantage HMO contracting provider network is a subset of the HMO Illinois network. Although smaller, it offers a broad choice of contracting providers and is for members who are looking for a more affordable health care plan. Blue Advantage HMO members also have access to the same contracting Illinois hospitals as HMO Illinois members for specialty care, with an approved referral from the member’s contracting medical group.

**Medical Care**

The range of benefits includes coverage for:

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

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

**Preventive Care**

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

**Vision Care**

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

**BlueCard®**

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

**Emergency Care**

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

**Reconstructive Surgery**

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

The HMOs of BCBSIL cover these procedures and annual mammograms when ordered by a member’s PCP or WPHCP, subject to the terms of the member’s applicable health care benefit coverage. Visit us at bcbsil.com 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.
Medical Plan
Frequently Asked Questions

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

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

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

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

Some options for non-emergency care include:

- **Your doctor's office** for health exams, routine shots, colds, flu and other minor illnesses or injuries.
- **Walk-in retail health clinics** available in retail stores. Many have a physician assistant or nurse practitioner who can help treat ear infections, rashes, minor cuts and scrapes, allergies, colds and other minor health problems.
- **Urgent or immediate care clinics** for more serious health issues, such as when you need an X-ray or stitches.
Urgent Care or Freestanding Emergency Room?
Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs are higher, just as if you went to the ER at a hospital. Here are some ways to know if you are at a freestanding ER.

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

Q. What should I bring to my first appointment with a new doctor?
A. Your first appointment is an opportunity to share information about your health with your new doctor. Bring as much medical information as possible, including:
• Medical records and insurance card — If you are undergoing treatment at the time you change doctors, your medical records are important to your new doctor. Your insurance card provides information about copayments, billing and Customer Service phone numbers.
• Medications — Give your new doctor information about prescription and over-the-counter medications, including any herbal medications you take. Be sure to include the name of the medication, the dosage, how often you take it and why you take it.
• Special needs — Make a list of any equipment or devices you use including wheelchairs, oxygen, glucose monitors and the glucose strips. Be prepared to explain how you use them, not only to make sure you have the equipment you need, but also to make sure that there is no disruption in your care.

Q. What questions should I ask if I am selecting a new doctor?
A. In addition to preliminary questions you might ask a new doctor — such as “Are you accepting new patients?” — here are some questions to help you evaluate whether a doctor is right for you.
• What is the doctor’s experience in treating patients with the same health problems that I have?
• Where is the doctor’s office? Is there convenient and ample parking, or is it close to public transportation?
• What are the regular office hours? Does the office have drop-in hours if I have an urgent problem?
• How long should I expect to wait to see the doctor when I’m in the waiting room?
• Are routine lab tests and X-rays performed in the office, or will I have to go elsewhere?
• Which hospitals does the doctor use?
• If this is a group practice, will I always see my chosen doctor?
• How long does it usually take to get an appointment?
• How do I get in touch with the doctor after office hours?
• Can I get advice about routine medical problems over the phone or by email?
• Does the office send reminders for routine preventive tests like cholesterol checks?

Q. What if I’m already in treatment when I enroll and my provider isn’t in the network?
A. We’ll work with you to provide the most appropriate care for your medical situation, especially if you are pregnant or receiving treatment for a serious illness. You may still be able to see your out-of-network provider for a period of time. Call the toll-free Customer Service number on the back of your member ID card for more information.

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1 The closest urgent care center may not be in your network. Be sure to check Provider Finder to make sure the center you go to is in-network.
2 Message and data rates may apply. Read terms, conditions and privacy policy at bcbsil.com/mobile/text-messaging.
To access your important Blue Cross and Blue Shield of Illinois (BCBSIL) health benefit information anywhere you go, download the BCBSIL App.

- 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.

Available in Spanish

*  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.
Understanding Your Explanation of Benefits

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

Page One Covers the Basics

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

At a glance, confirm the:

D. Patient  E. Provider  F. Policy Information

Get the Details

YOUR BENEFITS APPLIED—This section shows your list of services and how they're covered.

G. Amount Billed is the total amount your provider billed for the services.

I. Amount Covered (Allowed) is the amount billed (G) minus any discounts or reductions (H).

J. Health Plan Responsibility is the portion we paid to your provider.

See Your Cost Share

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

K. Deductible  L. Copays  M. Coinsurance

O. Your Total Costs is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments before beginning services. It also includes any amounts not covered by your health plan. The total cost in this column details the amount shown in the claim summary (O). It does not include any amounts that a non-participating provider may bill you.

Get More Information

Your EOB may include a little more information about:

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

P. Numbered notes give more details about discounts and reductions (H) and any amounts that aren’t covered (N).

Q. Health care plan maximums help you track your yearly out-of-pocket totals so you’ll know when your patient cost-shares are met.

Sign up to get your EOBs online on Blue Access for MembersSM or Text* GOBCBSIL to 33633 to download the mobile app.
Virtual Visits: Get 24/7 Care, Anywhere

Call your doctor’s office first. They also may offer telehealth consultations by phone or online video.

With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home.

Don’t risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.
Virtual Visits, provided by Blue Cross and Blue Shield of Illinois (BCBSIL) and powered by MDLIVE®, are a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Anxiety
- Depression
- Stress management
- And more

**Virtual Visit doctors can even send an e-prescription to your local pharmacy.**

**Activate your MDLIVE account today:**

- Call MDLIVE at 888-676-4204
- Go to MDLIVE.com/bcbsil
- Text BCBSIL to 635-483
- Download the MDLIVE app
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 Members™ (BAM™) account and click on the Doctors and Hospitals tab in Provider Finder to:

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

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.

*Available for most networks and plans.
# Your Rights and Responsibilities

As an HMO member, you have the following rights and responsibilities.

## Membership

<table>
<thead>
<tr>
<th>You have the right to:</th>
<th>You have the responsibility to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive information about Blue Cross and Blue Shield of Illinois (BCBSIL) benefit programs and covered services, as well as which network providers are available for you to receive the maximum level of benefits.</td>
<td>Read all BCBSIL benefit materials, become familiar with your plan and ask questions when necessary.</td>
</tr>
<tr>
<td>Select a medical group and a primary care physician (PCP) from the appropriate HMO network. You also have the right to change your PCP and/or medical group at any time.</td>
<td>Develop a relationship with your health care providers based on trust and cooperation.</td>
</tr>
<tr>
<td>Receive a BCBSIL member ID card.</td>
<td>Carry your BCBSIL ID card in the event you need to receive health care services.</td>
</tr>
<tr>
<td>Obtain a copy of your rights and responsibilities as a member and make recommendations regarding its content.</td>
<td>Follow the member guidelines for your health care benefit plan.</td>
</tr>
<tr>
<td>Choose an OB/GYN as your woman's principal health care provider (WPHCP) or additional OB/GYN PCP as outlined in your health plan guidelines.</td>
<td>Notify BCBSIL or your medical group if you wish to change your WPHCP and/or OB/GYN PCP.</td>
</tr>
</tbody>
</table>

## Access to Care

<table>
<thead>
<tr>
<th>You have the right to:</th>
<th>You have the responsibility to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have your PCP provide or authorize the covered services of your benefit plan that are medically necessary, as defined in your plan, for your health care.</td>
<td>Obtain services from or through your PCP or within your medical group.</td>
</tr>
<tr>
<td>Reasonable access to appropriate medical services based on your level of need. You also have the right to speak promptly with a physician or other provider when illness occurs.</td>
<td>Keep scheduled appointments or give adequate notice of delay or cancellation.</td>
</tr>
<tr>
<td>Care from a specialist when medically necessary, as defined in your plan. When this care is authorized by your PCP, you will receive the maximum level of benefits available. If your PCP determines specialist services are not required, you have the right to be informed of the reason and an alternative plan, as well as the right to appeal if you do not agree.</td>
<td>Discuss your questions and concerns about specialty care with your PCP and other health care providers.</td>
</tr>
<tr>
<td>Emergency care in any hospital emergency room 24 hours a day.</td>
<td>Contact your PCP, medical group or other health care provider as soon as possible after treatment for an emergency to coordinate follow-up care with your PCP or other health care provider.</td>
</tr>
<tr>
<td>Mental health and substance abuse treatment.</td>
<td>Contact your PCP or medical group for a referral.</td>
</tr>
</tbody>
</table>
# Your Rights and Responsibilities

## Communication

<table>
<thead>
<tr>
<th>You have the right to:</th>
<th>You have the responsibility to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate openly and fully with network providers, knowing that all information will be treated confidentially.</td>
<td>Be honest with your health care providers and communicate any information that may affect diagnostic and treatment decisions.</td>
</tr>
<tr>
<td>Receive considerate and courteous care, with respect for personal privacy and dignity.</td>
<td>Treat all network provider personnel and BCBSIL personnel respectfully and courteously.</td>
</tr>
<tr>
<td>Confidentiality of your health records, except when disclosure is required by law or authorized by you in writing, and the right to review your medical records with your PCP or other health care provider, given adequate notice.</td>
<td>Help your health care providers maintain accurate and current medical records.</td>
</tr>
<tr>
<td>Receive information about and have a full discussion about all appropriate or medically necessary treatment options for your condition in order to help you make an informed decision regardless of cost or benefit coverage.</td>
<td>Ask questions and make certain that you understand all options, financial obligations and plan requirements related to the agreed-upon treatment. These requirements may include pre-authorization from your Medical Group/IPA and they will notify BCBSIL.</td>
</tr>
<tr>
<td>Be completely informed of your diagnosis, treatment and outlook and participate in decisions involving your medical care.</td>
<td>Follow the agreed-upon treatment plans and instructions for care and consider the potential consequences of not following them.</td>
</tr>
<tr>
<td>Prepare an advance directive (such as a durable power of attorney for health care) concerning treatment, with the expectation that your PCP and other health care providers will honor the intent of the directive to the extent permitted by law.</td>
<td>Notify your PCP, other health care providers and family members of any advance directive.</td>
</tr>
<tr>
<td>Express a complaint about clinical or administrative issues related to your health plan, appeal plan decisions and receive a timely response.</td>
<td>Express your opinions, concerns and complaints in a constructive manner to your PCP, medical group, other health care providers and BCBSIL.</td>
</tr>
</tbody>
</table>
Prescription Drug and Wellness Information
A home delivery (mail order) pharmacy service you can trust.

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

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

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

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

**Mail Order**

**Online and Mobile**

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

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

**Over the Phone**

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

**Through the Mail**

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

**Talk to Your Doctor**

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

**Refills Are Easy**

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

**Questions?**

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

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

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Illinois. The relationship between Express Scripts® Pharmacy and Blue Cross and Blue Shield of Illinois is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSIL to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC. MyPrime.com is an online resource offered by Prime Therapeutics, LLC.
Do You Need Specialty Medications?

Blue Cross and Blue Shield of Illinois (BCBSIL) supports members who need self-administered specialty medication and helps them manage their therapy. Accredo® is the specialty pharmacy chosen to do just that.¹

Specialty drugs are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. 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 only be stocked by select pharmacies. Some specialty drugs must be given by a health care professional, while others are approved by the FDA for self-administration (given by yourself or a care giver). Medications that call for administration by a professional are often covered under your medical benefit plan. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit plan. 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 Accredo or another in-network pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.² Your doctor may also order select specialty drugs that must be given to you by a health professional through Accredo.
Do You Need Specialty Medications?

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 Medications³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoimmune Disorders</td>
<td>Cosentyx, Enbrel,</td>
</tr>
<tr>
<td></td>
<td>Humira, Xeljanz</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Forteo, Tymlos</td>
</tr>
<tr>
<td>Cancer (oral)</td>
<td>Gleevec, Nexavar,</td>
</tr>
<tr>
<td></td>
<td>Sprycel, Sutent, Tarceva</td>
</tr>
<tr>
<td>Growth Hormones</td>
<td>Norditropin Flexpro,</td>
</tr>
<tr>
<td></td>
<td>Nutropin AQ, Omnitrope</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>Betaseron, Copaxone, Rebif</td>
</tr>
</tbody>
</table>

Support in Managing Your Condition: Accredo

Accredo carries roughly 99% of specialty drugs, which means you’re more likely to get all of your specialty drugs from one pharmacy. Through Accredo, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through Accredo, you get:

- One-on-one counseling from 500+ condition-specific pharmacists and 600+ nurses
- Simple communication, including refill reminders, by your choice of phone, email, text or web⁴
- An online member website to order refills, check order status and track shipments, view order and medication history, set profile preferences and learn more about your condition
- A mobile app that lets you refill and track prescriptions, make payments and set reminders to take your medicine⁴
- Free standard shipping
- 24/7 support

Ordering Through Accredo

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. To start using Accredo, call 833-721-1619. An Accredo representative will work with your doctor on the rest.

Once registered, you can manage your prescriptions on accredo.com or through the mobile app.

Receiving Specialty Medications

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

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

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered⁵
- Discuss any changes in your condition or answer any questions about your health⁵

One-on-One Support

Accredo has 15 Therapeutic Resource Centers® (TRCs), each focused on a specific specialty condition. Through your one-on-one counseling sessions, they’ll discuss how to reduce your disease progression and achieve your treatment goals, manage any side effects from your drugs, help you stick to your regimen and monitor your progress. They can also offer support with any financial or insurance concerns you may have.

Certain coverage exclusions and limits 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 customer service number listed on your ID card with questions.

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1. 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.
2. The BCBSIL specialty pharmacy network includes Accredo as well as other in-network specialty pharmacies for select specialty drugs. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for MembersSM (BAMSM) account to find an in-network specialty pharmacy near you.
3. Third-party brand names are the property of their respective owners.
4. Not all medicines can be refilled on the app, by text or email.
5. Treatment decisions are between you and your doctor.

Accredo is contracted to provide services for BCBSIL. Accredo is a trademark of Express Scripts Strategic Development, Inc.
Generic Drugs
May Save You Money

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

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

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

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

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

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

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

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

Get the most from your pharmacy benefit.

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

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

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

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

What if I have questions?

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

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

<table>
<thead>
<tr>
<th>Brand 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, diltiazem, felodipine, isradipine, nicardipine, nifedipine, nimodipine, verapamil</td>
</tr>
<tr>
<td><strong>Insomnia</strong></td>
<td></td>
</tr>
<tr>
<td>Ambien, Ambien CR, Edluar, Lunesta, Rozerem, Silenor, Sonata, Zolpimist</td>
<td>zaleplon, zolpidem</td>
</tr>
</tbody>
</table>

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1. This list is for example only and is not all-inclusive. Drugs on this list may change from time to time. Not all listed drugs may be covered under all benefit plan designs.

2. Third-party brand names are the property of their respective owners.
Save Time and Money
with the HMO 90-Day Supply Prescription Drug Program

You can get up to a 90-day supply of long-term (or maintenance) medicine through a network of retail or home delivery service pharmacies.

Visit bcbsil.com or myprime.com to find an in-network retail or home delivery service pharmacy convenient for you. Log into Blue Access for MembersSM (BAMSM) and click on Prescription Drugs in the Quick Links section. Then select Find a Pharmacy.
Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy benefit management and related services. BCBSIL as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Myprime.com is an online resource offered by Prime Therapeutics LLC.

**HMO 90-Day Supply Prescription Drug Program**

**To Purchase Your Long-Term Medicine at a “90-day” Retail Pharmacy**
1. Ask your doctor for a prescription for a 90-day supply of each of your long-term medicines.
2. Take your prescription or have your doctor submit electronically to an in-network retail pharmacy.

**To Purchase Your Long-Term Medicine Through a Home Delivery Service Pharmacy**
1. Ask your doctor for a prescription for a 90-day supply of each of your long-term medicines.
2. If you need to start your medicine right away, ask for a prescription for a one-month supply to take to a retail pharmacy.
3. You can order online, through a mobile device, over the phone or through the mail. You can find contact information for the home delivery pharmacy at myprime.com. To print a new prescription order form, log into BAM, click on the Forms & Documents tab and search for the mail order form.
4. If mailing your order, send your prescription, completed order form and payment to the home delivery service pharmacy.
5. Keep in mind that medicines can take up to 5 business days to deliver after the home delivery service pharmacy receives and verifies your order.

You can also ask your doctor to fax or send your prescription electronically to the home delivery service pharmacy. Be sure to complete and submit the mail order form to avoid a delay in processing your order.

If you have questions about the HMO 90-day supply program, call the pharmacy program number on the back of your ID card.
Be Your Healthiest Self...We’ll Help

Online...on the phone...on the go. However you choose to fit good health into your daily life, you've got tools to help you. Follow these simple steps to sign up for Blue Access for MembersSM (BAMSM) – where you can access all the health and wellness programs included with your plan.

2. Sign up for BAM.
3. Click the My Health tab.
A Path to Wellness
Work with a coach, or complete self-management online programs to help reach your wellness goals with Well onTarget®. Plus earn rewards for healthy activities.¹

Commit to Be Fit
Get unlimited access to a national network of fitness centers, so you can exercise wherever life takes you.²

Quick Answers to Health Questions
Should you go to the emergency room? Urgent care? Wait to see your doctor? 24/7 Nurseline can help you decide – any day, any time.³

Behavioral Health Support
Your mental health is vital to your wellbeing. Your plan gives you access to treatment options to help with anxiety, depression, substance use and more.

Guidance for Your Growing Family
Check out apps from Ovia Health® for expert advice to support you through all the stages of planning for and having a baby.⁴

Get healthy reminders and tips for using your benefits.
Text MYCONTACTIL to 33633 or go to upp.bcbsil.com to let us know how we should contact you.⁵

¹ 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.
² Individuals must be at least 18 years old to purchase a membership. 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.
³ 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.
⁴ Ovia Health is an independent company that provides maternity and family benefits solutions for Blue Cross and Blue Shield of Illinois.
⁵ Message and data rates may apply. Terms and conditions and our privacy policy are available at bcbsil.com/mobile/text-messaging.
Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.
Well onTarget is designed to give you the support you need to make healthy lifestyle choices — and reward you for your hard work.

Member Wellness Portal

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

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

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

- **Blue 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.

Experience a New Kind of Wellness — Log In to the Well onTarget Portal
• **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!

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**How to Access the Portal**

Use your Blue Access for Members℠ (BAM℠) account:

• Log in to BAM at [bcbsil.com/members](http://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 can give you the support you need to make healthy choices — while rewarding you for your hard work.

Member Wellness Portal

The heart of Well onTarget is the member portal, available at wellontarget.com*. It links you to a suite of inviting programs and tools.

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

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

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

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

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

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

**Wellness Coaching:** Certified health coaches offer you guidance with these programs — Decrease Weight, Maintain Weight, Manage Stress, Quit Tobacco, Maintain Tobacco-Free Status, Improve Blood Pressure, Improve Cholesterol, Improve Dietary Habits and Improve Fitness Level.

**Online Wellness Challenges:** Challenge yourself to meet your wellness goals. Plus, corporate challenges let you track your progress against other Well onTarget members.

**Tools and trackers:** These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.

**Fitness Tracking:** Track your fitness activity using popular fitness devices and mobile apps.

**Blue Points Program:** Blue Points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points in the online shopping mall.³

**Health and wellness content:** Reader-friendly articles about conditions and medicines.

**Fitness Program**

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

Other program perks include:

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

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

**Wellness Program Questions?**

Call Customer Service at 877-806-9380.
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.
Well onTarget understands how hard it can be to maintain a healthy lifestyle. Sometimes, you may need a little motivation. That’s why we offer the Blue Points® program. This program may help you get on track — and stay on track — to reach your wellness goals.

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall, which provides a wide variety of merchandise.

Created with your needs in mind, the Blue Points program has many convenient, user-friendly, personalized and flexible features:

**Earn Points Instantly**
The program gives you points immediately, so you can start using them right away.²

**Get Extra Points**
Don’t have enough points yet for that reward you really want? No problem! You can apply the points you have and use a credit card to pay the remaining balance.

**Easily Manage Your Points**
The interactive Well onTarget portal, available at wellontarget.com, uses the latest user-friendly technology. This makes it easy to find out how many points are available for you to earn. You can also track the total number of points you’ve earned year-to-date. All of your points information will appear on one screen.

![Image of a woman running with icons representing points earned and features of the Blue Points program](image-url)
**Choose from a Large Selection of Rewards**

Redeem your points in our expanded online shopping mall. Reward categories include apparel, books, health and personal care, jewelry, electronics, music and sporting goods. You’ll also find discounted items on electronics, games, luggage and other merchandise.³

**Participate in Activities That Match Your Goals**

Look how quickly your Blue Points can add up! Here are some sample activities you can complete to earn Blue Points:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Potential Blue Points Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completing the Health Assessment every six months⁴</td>
<td>2,500 points every six months</td>
</tr>
<tr>
<td>Complete a Self-management Program</td>
<td>1,000 points per quarter</td>
</tr>
<tr>
<td>Using the trackers to track your progress toward your goals</td>
<td>10 points, up to a maximum of 70 points per week</td>
</tr>
<tr>
<td>Enrolling in the Fitness Program</td>
<td>2,500 points</td>
</tr>
<tr>
<td>Adding weekly Fitness Program center visits to your routine</td>
<td>Up to 300 points each week</td>
</tr>
<tr>
<td>Completing Progress Check-ins</td>
<td>Up to 250 points per month</td>
</tr>
<tr>
<td>Connecting a compatible fitness device or app to the portal</td>
<td>2,675 points</td>
</tr>
<tr>
<td>Tracking progress using a synced fitness device or app</td>
<td>55 points per day</td>
</tr>
</tbody>
</table>

Log on to [wellontarget.com](http://wellontarget.com) today to find all the interactive tools and resources you need to start racking up Blue Points. Keep yourself motivated to earn more points by heading over to the online shopping mall and checking out all the rewards you can earn for adopting — and continuing — healthy habits.

¹ 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.

² This does not apply to points you earn for completing Fitness Program activities.

³ Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

⁴ Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

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.
Blue365®
A Discount Program for You

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

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

Below are some of the ongoing deals offered through Blue365.

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

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

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

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

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

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

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

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

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

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

For more great deals, or to learn more about Blue365, visit blue365deals.com/bcbsil.
Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to offer you a vision discount program through EyeMed Vision Care.

What?
The EyeMed Vision Discount through Blue365 offers savings on eyeglasses, contact lenses, eye exams, accessories and laser vision correction. See the back page for a full list of discounts.

Who?
The EyeMed network consists of major national and regional retail locations, such as LENS CRAFTERS®, PEARLE VISION®, Target Optical®, Sears Optical® and JCPenney Optical, as well as independent ophthalmologists and optometrists. Additionally, you may go online to in-network providers at contactsdirect.com.

Where?
Visit eyemedexchange.com/blue365, click Find a Provider and begin your search. Be sure the Advantage network is selected.

For more information about Blue365, log in to Blue Access for Members™ (BAM™) at bcbsil.com. Click the My Coverage tab at the top, and then click the Discounts link on the left.

Referral?
You don’t need a referral. Simply visit any EyeMed provider and show your BCBSIL medical ID card.

Program Features
• Discounts on vision care services and materials
• No limit to the number of times the member can receive discounts on purchases
• Access to large provider network
• Convenient evening and weekend hours

Note: This is not insurance. When contacting EyeMed or any retailer or provider in the EyeMed Advantage network, be sure to refer to the discount program.

See all the Blue365 deals and learn more at blue365deals.com/bcbsil.com/BCBSIL
For more information, visit [eyemedexchange.com/blue365](https://eyemedexchange.com/blue365) or call EyeMed’s automated help line at **866-273-0813**.

**EyeMed Vision Discounts**

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam with dilation as necessary:</td>
<td>$50 routine exam $10 off contact lens fit and follow-up</td>
</tr>
<tr>
<td>Complete Pair of Glasses Purchase: frame, standard plastic lenses, and lens options must be purchased in the same transaction to receive full discount</td>
<td></td>
</tr>
</tbody>
</table>

**Frames**

- Any frame available at provider location: 35% off retail price

**Standard Plastic Lenses**

- Single-vision: $50
- Bifocal: $70
- Trifocal: $105
- Lenticular: $105
- Standard Progressive: $135
- Premium Progressive: 30% off retail price

**Lens Options**

- UV Coating: $12
- Tint (Solid and Gradient): $12
- Standard Scratch-resistance: $12
- Standard Polycarbonate: $35
- Standard Anti-reflective: $40
- Other Add-ons and Services: 30% off retail price

* Items purchased separately will be discounted 20% off of the retail price.

**Contact Lens Materials** (applied to materials only)

- Conventional: 15% off retail price

**Laser Vision Correction**

- Lasik or PRK: 15% off retail price or 5% off promotional price

**Frequency**

- Examination: Unlimited
- Frame: Unlimited
- Lenses: Unlimited
- Contact Lenses: Unlimited

Discounts are only available through participating vendors.

The relationships between Blue Cross and Blue Shield of Illinois (BCBSIL) and EyeMed are that of independent contractors.

Blue365 is a discount program available to BCBSIL members. This is NOT insurance. Some of the services offered through Blue365 may be covered under your health plan. Please refer to your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit information under your health plan. Use of Blue365 does not affect your premium, nor do costs of Blue365’s services or products count toward any maximums and/or plan deductibles.

BCBSIL does not guarantee or make any claims or recommendations regarding the services or products offered under Blue365. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.
Make Your Fitness Program Membership Work for You

The Fitness Program gives you flexible options to help you live a healthy lifestyle.

Since you are a Blue Cross and Blue Shield of Illinois (BCBSIL) member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older). The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

Other program perks include:

• **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**

<table>
<thead>
<tr>
<th>Options</th>
<th>Digital Only</th>
<th>Base</th>
<th>Core</th>
<th>Power</th>
<th>Elite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Fee</td>
<td>$10</td>
<td>$19</td>
<td>$29</td>
<td>$39</td>
<td>$99</td>
</tr>
<tr>
<td>Gym Facility Network Size†</td>
<td>Digital Access Only</td>
<td>3,000</td>
<td>7,500</td>
<td>12,000</td>
<td>12,400</td>
</tr>
</tbody>
</table>

$19 Initiation Fee (No initiation fee for Digital Only Option)

• **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.

• **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.

• **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

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

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine (CAM) Discounts Through the WholeHealth Living Choices Program:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at whlchoices.com.
- **Web Resources:** You can go online to find fitness locations and track your visits.
- **Digital Fitness:** Stay active from the comfort of your own home. Access thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through an online platform. Digital access is included with Base, Core, Power and Elite memberships. You can also join the Digital Only plan option if only interested in access to digital fitness options.

Are You Ready for Fitness?

**It’s easy to sign up:**

1. Go to bcbsil.com and log in to Blue Access for Members®.
2. Under “Quick Links,” choose “Fitness Program.” On this page, you can enroll, search for nearby fitness locations and learn more about the program.
3. Click “Enroll Now.” Then search and select the plan option that is best for you. Remember, you can visit any participating fitness location in your plan after you sign up.
4. Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

Prefer to sign up by phone or have questions about 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).

Find fitness buddies, take a digital class and try something new!

Join the Fitness Program today to help you reach your health and wellness goals.
Health Care Reform
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
- Anxiety
- 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
- HIV screening and PrEP medication use for the prevention of HIV
- Sexually transmitted infections, HPV and hepatitis
- Tuberculosis

COUNSELING FOR
- Alcohol misuse
- Domestic violence
- Drug misuse
- 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

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

- Diphtheria, Pertussis ("Whooping Cough"), 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)

JUST FOR WOMEN

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
- Tobacco cessation

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

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

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

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

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

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

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

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

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

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

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

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

- Marketing purposes
- Sale of your information

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

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

Help manage the health care treatment you receive

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

Run our organization

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

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

Pay for your health Services

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

Administer your plan

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

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

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

<table>
<thead>
<tr>
<th>Respond to organ/tissue donation requests and work with certain professionals</th>
<th>We can share health information about you with an organ procurement organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• We can share information with a medical examiner, coroner or funeral director.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Respond to lawsuits And legal actions</th>
<th>We can share health information about you in response to an administrative or court order, or in response to a subpoena.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Certain health information</th>
<th>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.</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

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

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

CHANGES TO THESE NOTICES

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

CONTACT INFORMATION FOR THESE NOTICES

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Language</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Español</td>
<td>Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.</td>
</tr>
<tr>
<td>العربية</td>
<td>إن كان لديك أو لدى شخص تساعدته سؤال، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون تكلفة. للتحدث مع مرجم 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>ગુજરાતી</td>
<td>જો તમને અધિક તમે મદદ કરી રહી હોય અંદલા કોઈ વ્યક્તિએ અંગે અંગે, તમારી સલાહ મદ્દ માંગી હોતી હોય કે નહીં. તે અનેક સુધી મદદ પેશ કરી શકે છે. તમારી સલાહ થી વધુ મદદ આપવા નાંખી 855-710-6984 પર કોલ કરો.</td>
</tr>
<tr>
<td>हिंदी</td>
<td>यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न है, तो आपको अपनी भाषा में लिख-शिक्षक सहायता और अनुप्राप्ति करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करे।</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 그림한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984로 전화하십시오.</td>
</tr>
<tr>
<td>Diné</td>
<td>T’áá ni, éí doodago l’a da bíká anáníwo’ií, na’ídíkidgo, ts’íída bee na ahóóí’i’ t’áá nibí’í’ ni’áká a’doowól dóó bina’í’díkidígií bee ni’h odoomí. Ata’táhanle’iígi bích’i’ hodilínih kwe’é 855-710-6984.</td>
</tr>
<tr>
<td>فارسی</td>
<td>اگر شما، یا کسی که شما به آن مکم می‌کنید، سوئلی داشته باشید، حق را دارد که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت همکاری با یک مرجم شفاهی، با شماره 855-710-6984 تماس حالم نمایید.</td>
</tr>
<tr>
<td>Polski</td>
<td>Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej pomocy i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.</td>
</tr>
<tr>
<td>Русский</td>
<td>Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. U Hampton makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.</td>
</tr>
<tr>
<td>اردو</td>
<td>اگر آپ کو، یا کسی اپنے فرد کو جس کا آپ مکم کہ کریں، کونو سوال کہ دیش کریں تو، آپ کو اپنے زیادہ مختص مکم او معلومات حاصل کریں کا حق یہ مترجم سے بات کریں کے لئے، مترجم سے بات کریں کے لئے، مترجم سے بات کریں 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>