BlueCross BlueShield of Illinois

Enrollment Guide

STEPHENSON COUNTY
PPO, HSA, & DENTAL
10/01/2020

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.

PPO PLAN
SUMMARY OF BENEFITS AND COVERAGE

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, visit www.bcbsil.com/member/policy-forms/2020 or by calling 1-800-541-2768. 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.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
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?	Yes. Out-of-Network Inpatient $300. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	Individual: Participating $1,000; Non-Participating $3,000 Family: Participating $3,000; Non-Participating $9,000	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-billed 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 1-800-541-2768 for a list of Participating Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$20/visit	30% coinsurance	Virtual Visits: No Charge; deductible does not apply. See your benefit booklet* for more details.
	Specialist visit	$40/visit	30% coinsurance	None
	Preventive care/screening/ immunization	No Charge	30% coinsurance	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.
If you have a test	Diagnostic test (x-ray, blood work)	Primary Care: $20/visit Specialist: $40/visit; deductible does not apply	30% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at https://www.bcbsil.com/member/prescription-drug-plan-information/drug-lists	Preferred generic drugs	Retail: Preferred - No Charge Non-Preferred - $10/prescription Mail: No Charge	Retail: $10/prescription	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs limited to a 30-day supply. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copay/coinsurance. Additional charge will not apply to any deductible or out-of-pocket amounts. You may be eligible to synchronize your prescription refills, please see your benefit booklet* for details.
	Non-preferred generic drugs	Retail: Preferred - $10/prescription Non-Preferred - $20/prescription Mail: $20/prescription	Retail: $20/prescription	
	Preferred brand drugs	Retail: Preferred - $50/prescription Non-Preferred - $70/prescription Mail: $100/prescription	Retail: $70/prescription	
	Non-preferred brand drugs	Retail: Preferred - $100/prescription Non-Preferred - $120/prescription Mail: $200/prescription	Retail: $120/prescription	
	Preferred specialty drugs	$150/prescription	$150/prescription	
	Non-preferred specialty drugs	$250/prescription	$250/prescription	

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com/member/policy-forms/2020.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	Preauthorization may be required. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	
If you need immediate medical attention	Emergency room care	$150/visit; deductible does not apply	$150/visit; deductible does not apply	Copayment waived if admitted.
	Emergency medical transportation	10% coinsurance	10% coinsurance	Preauthorization may be required for non-emergency transportation; see your benefit booklet* for details.
	Urgent care	10% coinsurance	30% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	$300/visit plus 30% coinsurance	Preauthorization required.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	Preauthorization required. Preauthorization penalty: $1,000 or 50% of the eligible charge. See your benefit booklet* for details.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$20/office visit; 10% coinsurance for other outpatient services	30% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Inpatient services	10% coinsurance	$300/visit plus 30% coinsurance	Preauthorization required.
If you are pregnant	Office visits	Primary Care: $20/visit Specialist: $40/visit	30% coinsurance	Copayment applies to first prenatal visit (per pregnancy). Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	$300/visit plus 30% coinsurance	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	30% coinsurance	Preauthorization may be required.
	Rehabilitation services	10% coinsurance	30% coinsurance	
	Habilitation services	10% coinsurance	30% coinsurance	
	Skilled nursing care	10% coinsurance	$300/visit plus 30% coinsurance	
	Durable medical equipment	10% coinsurance	30% coinsurance	Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	10% coinsurance	30% coinsurance	Preauthorization may be required.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com/member/policy-forms/2020.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

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

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

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

- Bariatric surgery
- Chiropractic care (limited to 30 visits per calendar year)
- Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)
- Hearing aids (limited to 1 hearing aid for each ear, every 36 months for members under the age of 18)
- Infertility treatment (4 invitro attempt maximum with special approval up to 6 per benefit period)
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care (only in connection with diabetes)

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 1-800-541-2768, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-541-2768 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit http://insurance.illinois.gov.

Does this plan provide Minimum Essential Coverage? Yes
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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 1-800-541-2768.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-541-2768.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-541-2768.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-541-2768.

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	$40
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$200
Coinsurance	$800
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,060**

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	$40
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$900
Coinsurance	$100
What isn't covered	
Limits or exclusions	$60
The total Joe would pay is	**$1,060**

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

The plan's overall deductible	$0
Specialist copayment	$40
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$0
Copayments	$300
Coinsurance	$100
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.

HSA PLAN
SUMMARY OF BENEFITS AND COVERAGE

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, visit www.bcbsil.com/member/policy-forms/2020 or by calling 1-800-541-2768. 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.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Individual: Participating/Non-Participating $1,500; Family: Participating/Non-Participating $3,000	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 policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Certain preventive care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	Yes. Out-of-network Inpatient $300. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	Individual: Participating/Non-Participating $3,000; Family: Participating/Non-Participating $6,000	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, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed 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 1-800-541-2768 for a list of Participating Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

⚠ All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charge after deductible	20% coinsurance	Virtual Visits: No Charge after deductible. See your benefit booklet* for more details.
	Specialist visit	No Charge after deductible	20% coinsurance	None
	Preventive care/screening/ immunization	No Charge; deductible does not apply	20% coinsurance	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.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge after deductible	20% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	No Charge after deductible	20% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at https://www.bcbsil.com/member/prescription-drug-plan-information/drug-lists	Preferred generic drugs	Preferred - 10% coinsurance Non-Preferred - 20% coinsurance	Retail: 20% coinsurance	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs limited to a 30-day supply. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copay/coinsurance. Additional charge will not apply to any deductible or out-of-pocket amounts. You may be eligible to synchronize your prescription refills, please see your benefit booklet* for details.
	Non-preferred generic drugs	Preferred - 10% coinsurance Non-Preferred - 20% coinsurance	Retail: 20% coinsurance	
	Preferred brand drugs	Preferred - 20% coinsurance Non-Preferred - 30% coinsurance	Retail: 30% coinsurance	
	Non-preferred brand drugs	Preferred - 30% coinsurance Non-Preferred - 40% coinsurance	Retail: 40% coinsurance	
	Preferred specialty drugs	40% coinsurance	40% coinsurance	
	Non-preferred specialty drugs	50% coinsurance	50% coinsurance	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge after deductible	20% coinsurance	Preauthorization may be required. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Physician/surgeon fees	No Charge after deductible	20% coinsurance	

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com/member/policy-forms/2020.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	No Charge after deductible	No Charge after deductible	Copayment waived if admitted.
	Emergency medical transportation	No Charge after deductible	No Charge after deductible	Preauthorization may be required for non-emergency transportation; see your benefit booklet* for details.
	Urgent care	No Charge after deductible	20% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge after deductible	$300/visit plus 20% coinsurance	Preauthorization required.
	Physician/surgeon fees	No Charge after deductible	20% coinsurance	Preauthorization required. Preauthorization penalty: $1,000 or 50% of the eligible charge. See your benefit booklet* for details.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge after deductible	20% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Inpatient services	No Charge after deductible	$300/visit plus 20% coinsurance	Preauthorization required.
If you are pregnant	Office visits	No Charge after deductible	20% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No Charge after deductible	20% coinsurance	
	Childbirth/delivery facility services	No Charge after deductible	$300/visit plus 20% coinsurance	
If you need help recovering or have other special health needs	Home health care	No Charge after deductible	20% coinsurance	Preauthorization may be required.
	Rehabilitation services	No Charge after deductible	20% coinsurance	
	Habilitation services	No Charge after deductible	20% coinsurance	
	Skilled nursing care	No Charge after deductible	$300/visit plus 20% coinsurance	
	Durable medical equipment	No Charge after deductible	20% coinsurance	Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	No Charge after deductible	20% coinsurance	Preauthorization may be required.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com/member/policy-forms/2020.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

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

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Routine eye care (Adult)
- Weight loss programs

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

- Bariatric surgery
- Chiropractic care (limited to 30 visits per calendar year)
- Hearing aids (limited to 1 hearing aid for each ear, every 36 months for members under the age of 18)
- Infertility treatment (4 invitro attempt maximum with special approval up to 6 per benefit period)
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care (only in connection with diabetes)

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 1-800-541-2768, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-541-2768 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit http://insurance.illinois.gov.

Does this plan provide Minimum Essential Coverage? Yes
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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 1-800-541-2768.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-541-2768.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-541-2768.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-541-2768.

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	$1,500
Specialist copayment	$0
Hospital (facility) coinsurance	$0
Other coinsurance	$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	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$1,500
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,560**

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

The plan's overall deductible	$1,500
Specialist copayment	$0
Hospital (facility) coinsurance	$0
Other coinsurance	$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	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$1,500
Copayments	$0
Coinsurance	$700
What isn't covered	
Limits or exclusions	$60
The total Joe would pay is	**$2,260**

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

The plan's overall deductible	$1,500
Specialist copayment	$0
Hospital (facility) coinsurance	$0
Other coinsurance	$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	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,500
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,500**

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

DENTAL BENEFIT HIGHLIGHTS

BlueCare® Dental

PPO – Stephenson County

BlueCross BlueShield of Illinois

Stephenson County

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

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

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* UCR 90th
Benefit Period Maximum: Calendar Year	$1,500.00	$1,500.00
Deductible: Calendar Year	$50.00 Individual $150.00 Family	$50.00 Individual $150.00 Family
Services		
Diagnostic Services (Deductible does not apply) Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100%	100%
Preventive Services (Deductible does not apply) Prophylaxis (cleanings) Topical fluoride applications	100%	100%
Diagnostic Radiographs (Deductible does not apply) Full-mouth and panoramic films Bitewing films Periapical films	100%	100%
Miscellaneous Preventive Services (Deductible does not apply) Sealants Space maintainers	100%	100%
Basic Restorative Dental Services Amalgams Resin-based composite restorations	80%	80%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%
Non-Surgical Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	50%	50%

BlueCare® Dental

PPO – Stephenson County

BlueCross BlueShield of Illinois

Adjunctive Services		
Palliative treatment (emergency)	80%	80%
Deep sedation / general anesthesia		
Endodontic Services		
Therapeutic pulpotomy and pulpal debridement	50%	50%
Root canal therapy		
Apexification/recalcification		
Oral Surgery Services		
Surgical tooth extractions	50%	50%
Alveoloplasty and vestibuloplasty		
Excision of benign odontogenic tumor/cyst		
Excision of bone tissue		
Incision and drainage of an intraoral abscess		
Surgical Periodontal Services		
Gingivectomy or gingivoplasty and gingival flap procedures	50%	50%
Clinical crown lengthening		
Osseous surgery		
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		
Major Restorative Services		
Single crown restorations	50%	50%
Inlay/onlay restorations		
Labial veneer restorations		
Crowns placed over implants		
Prosthodontic Services		
Complete and removable partial dentures	50%	50%
Denture reline/rebase procedures		
Fixed bridgework		
Prosthetics placed over implants		
Implants Yes ☐ No ☑		
Misc. Restorative & Prosthodontic Services		
Prefabricated crowns	50%	50%
Recementations		
Post and core, pin retention and crown/bridge repairs		
Adjustments		
Orthodontics (Deductible Waived)		
Orthodontic Diagnostic Procedures and Treatment:	50%	50%
Adults eligible Yes ☐ No ☑		
Dependent Children eligible Yes ☑ No ☐		
Age Limitation 19		
Lifetime Maximum Benefit per Participant	$1,500.00	$1,500.00

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.

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

Medical Care

Your benefits may include coverage for*:

- physician office visits
- breast cancer screenings
- cervical cancer screenings
- inpatient hospital services
- muscle manipulation services
- outpatient hospital services
- physical, speech and occupational therapies
- outpatient surgery and diagnostic tests
- infertility treatment
- maternity care
- behavioral health and substance abuse
- hospital emergency medical and accident treatment

**Coverage levels vary by health plan, so refer to your plan documents for details.*

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BlueEdge HSA℠ and BlueEdge Select HSA℠ Plans

Why Choose BlueEdge?

BlueEdge HSA is a consumer-directed health care plan (CDHP) that helps you meet your health and financial goals. It blends a qualified high-deductible health plan with a health savings account (HSA) where you decide to either pay for qualified health care costs with tax-free dollars or let the funds grow as savings.

Deposits to the account can be made by you, your employer or anyone else.

BlueEdge HSA helps you with:

Affordability – Use health savings account funds to help meet your deductible, or leave them untouched to grow as savings.

Tax savings – Health savings account funds that are used for qualified health care costs are tax-exempt.

Portability –Your health savings account belongs to you. Unused funds can roll over at the end of the year, or you can take the money with you if you change health plans or your job, or if you retire.

Control –You decide how, when and where your health care dollars are spent. The savvier a consumer you are, the more you stretch how far your health savings account will take you.

Freedom and choice – Choose any doctor when you need care, but choosing a network doctor means you get the highest level of benefits.

There's more to BlueEdge:

Preventive care and wellness visits – Adults and children are covered at 100 percent when you use network providers*. You don't need to meet the deductible to enjoy these benefits.

Online decision tools – Personalize how you use your health care and your health care spending. Log in to Blue Access for Members℠, a safe, secure website at **bcbsil.com** to:

– Manage your benefits

– Search for a network provider

– Estimate the cost of a procedure or treatment

– Find health and wellness information and support

– Ask health care professionals for help with your concerns through 24/7 Nurseline

Network Information

Use Provider Finder® at **bcbsil.com** to see if your doctor is in the network or to search for another network provider. You may also call BlueCard® Access toll-free at **800-810-BLUE (800-810-2583)** for provider information. Once you become a member, you can call the toll-free Customer Service phone number on the back of your ID card for help.

**Coverage levels differ by health plan, so check your plan documents for details or call Customer Service.*

Health Savings Account Administration

Your health savings account is administered by a separate custodian — not Blue Cross and Blue Shield of Illinois. Your employer will give information about your account custodian.

Special Notice about HSAs

Under IRS regulations, anyone enrolling in this health plan should be aware that any adult can contribute to a health savings account (HSA) if he/she:

- Has coverage under an HSA-qualified high deductible health plan (HDHP)
- Has no other first-dollar medical coverage (other types of insurance such as specific injury insurance or accident, disability, dental care, vision care, or long term care insurance are permitted)
- Is not enrolled in Medicare
  - An individual can be Medicare-eligible and have an HSA. However, once enrolled in Medicare, contributions to the HSA must stop. The individual can keep funds in the account before enrolling in Medicare and use those funds to pay for qualified medical costs tax-free.
- Cannot be claimed as a dependent on someone else's tax return

There are other regulations about contributions and distributions. If you are enrolling in a plan that includes a health savings account, you should first seek professional tax counsel to determine if your individual situation permits use of an HSA. If you have a flexible spending account (FSA), or a health care account (HCA), check with your employer to confirm that you are eligible for an HSA. Both the FSA and HCA are considered a limited purpose account that can only be used for certain expenses.

How It Works
BlueEdge HSA Example

Ben and Aileen

Ben and Aileen and their two children have BlueEdge Select HSA family coverage through Aileen's employer. The plan is paired with a health savings account that includes a debit card and checks from the HSA administrator. At the beginning of the year, Ben and Aileen put $3,000 into their health savings account (the contribution cannot exceed the maximum determined annually by the IRS).*

Year One

– **Aileen's health savings account annual contribution = $3,000**

– **Aileen's annual family deductible = $3,000**

Ben and Aileen had physicals and preventive care lab tests†.

- $580 was paid by the preventive care benefit.

Both children had annual physicals and routine immunizations.

- $320 was paid by the preventive care benefit.

Ben tore a ligament in his knee that required surgery.

- Charges of $675 for the emergency room visit were paid with the health savings account debit card, which counts toward the deductible††.
- Surgery charges were $6,000. Ben paid $2,325 with the debit card. With this, the $3,000 family deductible had been satisfied and health plan benefits began. Of the remaining $3,675, the health plan paid 80 percent ($2,940) and Ben paid his 20 percent coinsurance ($735).

Aileen saw a dermatologist and had several moles removed.

- Charges were $1,200. The health plan paid 80 percent ($960), and Aileen paid her 20 percent coinsurance ($240).

All of the health savings account money was spent so there was no amount to roll over to next year.

Year Two

– **Ben and Aileen decide to contribute $3,000 once again to their health savings account at the beginning of the year.**

Ben and Aileen had physicals and preventive care lab tests.

- $525 was paid by the preventive care benefit.

Both children had annual physicals.

- $275 was paid by the preventive care benefit.

Aileen saw her dermatologist for a follow-up visit.

- She paid for the $175 visit with the HSA debit card, which also counted toward the deductible.

Ben participated in a smoking cessation program.

- The program cost $450 and he paid for it with a check from the health savings account. This expense did not count toward the deductible.

At the end of year two, $2,375 remains in the health savings account and this rolls over to the next year.

**The provider should first submit your claim for processing so that you receive benefits at the Blue Cross and Blue Shield of Illinois negotiated rate. You may then use the debit card or checks to pay any balance due to the provider.*

†In these examples, in-network preventive care is covered at 100%. Not all groups cover preventive care. Ask your employer for details.

††Funds must be available in your health savings account before you can use them to pay for medical services. Ask your employer when funds will be deposited to your account (each pay period, quarterly, annually, etc.).

Sam

has BlueEdge HSA coverage through his employer. His plan is paired with a health savings account. The HSA administrator issues Sam a debit card and checks that can be used to pay for eligible health care expenses that aren't covered by the health plan.*

Year One

– Sam's health savings account annual contribution = $1,500 (Sam contributes $750 and his employer contributes $750. The combined contribution cannot exceed the maximum determined annually by the IRS.)

– Sam's annual deductible = $1,500

Sam had a physical and preventive care lab tests†.

- $225 was paid by the preventive care benefit.

He injured his back and saw a specialist in the network.

- Charges totaled $315, which Sam paid with his health savings account debit card††. This amount was also applied to the deductible.

He had six physical therapy visits for his back with a physical therapist who is part of the network.

- Each therapy session cost $175, for a total of $1,050. Sam paid with his debit card and the total was applied to his deductible.

Sam broke his leg.

- Total charges were $3,000. Sam paid $135 from his debit card, which satisfied the annual $1,500 deductible, leaving $2,865. Health plan benefits paid 80 percent ($2,292) and Sam paid his 20 percent coinsurance ($573).

Sam used all the funds in his health savings account.

Year Two

– Sam and his employer each contributed $750 to his health savings account for a total of $1,500.

– The annual deductible is $1,500.

He had an annual physical and several preventive care lab tests.

- $280 was paid by the preventive care benefit.

He had an eye exam and purchased a year's supply of contact lenses.

- Total charges were $320, which Sam paid with his debit card. Charges for the routine eye exam do not count toward the deductible.

At the end of the year, Sam changed health plans. His health savings account is completely portable, so he kept the unspent funds to be used tax free for qualified medical expenses.

**The provider should first submit your claim for processing so that you receive benefits at the Blue Cross and Blue Shield of Illinois negotiated rate. You may then use the debit card or checks to pay any balance due to the provider.*

†In these examples, in-network preventive care is covered at 100%. Not all groups cover preventive care. Ask your employer for details.

††Funds must be available in your health savings account before you can use them to pay for medical services. Ask your employer when funds will be deposited to your account (each pay period, quarterly, annually, etc.).

Frequently Asked Questions About BlueEdge HSA

What is a health savings account?

If you have a qualified high-deductible health plan (HDHP), you can establish a tax-exempt health savings account with your own funds, those from your employer or both. You can use the funds to pay for qualified medical care services. Qualified expenses also count toward your annual deductible. Balances roll over from year to year and the account is portable, which means you keep it if you change benefit plans, jobs or if you retire.

How can I decide if BlueEdge HSA is right for me?

Comparing covered benefits, network providers, the cost of coverage and other out-of-pocket expenses are important when choosing a health plan. For more information on HSAs, visit the U.S. Treasury's website at **treasury.gov**.

Who is eligible to open a health savings account?

Only eligible individuals may open an HSA. To qualify for an HSA, you:

- Must be enrolled in an HSA-compatible HDHP as of the first day of the month;
- May not have other coverage that is not an HSA-compatible HDHP, including Medicare coverage (certain exceptions apply);
- May not be claimed as a dependent on another person's tax return.

How is the HSA account funded?

IRS rules for contributions include, but are not limited to the following:

Any person (an employer, a family member or any other person) may make contributions to an HSA for an eligible individual.

Is there a specific health plan design for HSAs?

Yes. HSA law and IRS guidance have focused on four parts of the HDHP plan design:

- The deductible
- The out-of-pocket maximum
- Preventive care
- The overall benefit design must provide "significant benefits" at all times to those covered by the HDHP

Health reimbursement arrangements (HRAs) and health savings accounts (HSAs), including products under our BlueEdge product portfolio have tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You may seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.

BlueCare Dental PPO℠

BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO networks[1]. This network includes general and specialty dentists in Illinois as well as across the country. As a BlueCare Dental PPO plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

You can choose an out-of-network dentist, but he or she may have higher fees and charge you for amounts not covered by your insurance.

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to **bcbsil.com** and use the Provider Finder® tool.

You can search for a dentist near your home, school or office and easily download a map with driving directions.

BlueCare Dental Connection℠

As an enhanced service, Blue Cross and Blue Shield of Illinois (BCBSIL) offers BlueCare Dental Connection. This service provides educational information and other resources to help you make choices about your dental care — at no extra cost.

To help you learn about good oral health, BlueCare Dental Connection offers:

- Educational mailings
- 24-hour online access to the Dental Wellness Center*, which offers educational articles and special tools

The Dental Wellness Center allows you to:

- Ask dental-related questions through **Ask a Dentist***
- Find an in-network dentist using **Provider Finder**
- Research dental fees in your area with the **Dental Cost Advisor***
- Search the **Dental Dictionary*** of common clinical terms
- View animations on different dental topics in the **Treatment and Procedure*** tool

To access the Dental Wellness Center, log in to Blue Access for Members℠ at **bcbsil.com** and click on the **My Health** tab.

Dedicated to Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **800-367-6401** between 8 a.m. and 6 p.m. (CT), Monday through Friday. In addition, you can find general benefit information at **bcbsil.com**.

[1] Dental Network of America, LLC. (DNoA), a separate company and the network manager providing access to the national network. Source: Netminder, February 2015

** The Dental Wellness Center, Dental Cost Advisor, Ask a Dentist, Dental Dictionary and Treatment and Procedure are provided by DNoA, a separate company that acts as the administrator of Blue Cross and Blue Shield of Illinois dental programs. DNoA is solely responsible for the products or services it offers. BCBSIL assumes no liability or responsibility for damage or injury to persons or property arising from the use of any product, information, idea or instruction mentioned in DNoA's content.*

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Other Benefits for Non-HMO Plans

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

Preventive Care

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

Emergency Care

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

National Coverage

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

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

- Visit the website at **bcbsil.com** to find provider names and locations using Provider Finder®. Maps and driving directions are also available.
- Call Customer Service at the toll-free number on the back of your ID card.

Reconstructive Surgery Following Mastectomy

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

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

Illinois Dependent Eligibility Mandate

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

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

International Coverage

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

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

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

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

Blue Access for Members℠

Health Care at Your Fingertips

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

With BAM, you can:

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

It's Easy to Get Started!

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

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

**Message and data rates may apply.*

Medical Plan Frequently Asked Questions

Q. Are my medical records kept confidential?

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

Q. Who do I call with questions about my benefits?

A. Call the toll-free Customer Service number on the back of your ID card.

Q. How do I find a contracting network doctor or hospital?

A. Go to **bcbsil.com** and use **Provider Finder®**, or call Customer Service at the toll-free number on the back of your ID card.

Q. What do I do when I need emergency care?

A. Call 911 or seek help from any doctor or hospital. BCBSIL will coordinate your care with the emergency provider.

Some options for non-emergency care include:

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

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

Freestanding ERs:

- Look like urgent care centers, but have EMERGENCY in the facility name.
- Are separate from a hospital but are equipped and work the same as an ER.
- Are staffed by board-certified ER physicians and are subject to the same ER copay.
- Find urgent care centers[1] near you by texting[2] **URGENTIL** to **33633** and then type in your ZIP code.

[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.

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

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

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

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

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

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

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

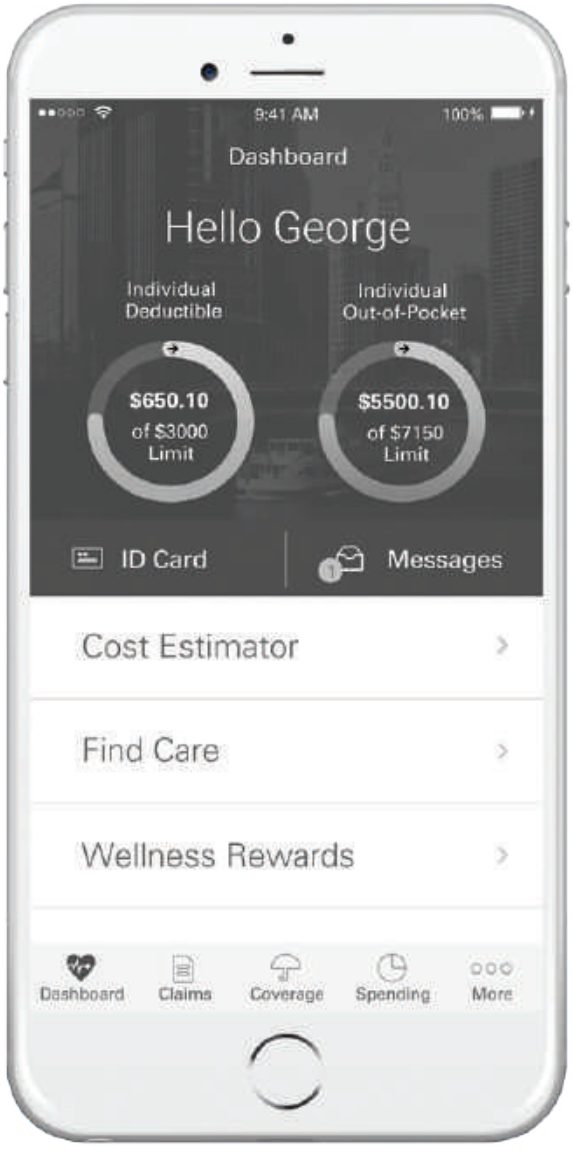
A. We'll work with you to provide the most appropriate care for your medical situation, especially if you are pregnant or receiving treatment for a serious illness. You may still be able to see your out-of-network provider for a period of time. Call the toll-free Customer Service number on the back of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

The BCBSIL App!

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

Available in Spanish

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



Text** **BCBSILAPP** to **33633** to get the app.

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

*** Message and data rates may apply. Terms and conditions and privacy policy at bcbsil.com/mobile/text-messaging.*

Download on the App Store

GET IT ON Google play

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.*

**Available for most networks and plans.*

Go Mobile with BCBSIL

At bcbsil.com, log into or create your BAM account. You can stay linked to your claims activity, member ID card and coverage details. It's also where to see prescription refill reminders and health tips by text messages at 33633.

Virtual Visits:

Speak with a doctor or therapist — anytime, anywhere

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

Virtual Visits allows you to consult an independently contracted, board-certified doctor or therapist for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

Powered by
MDLIVE®

Why Virtual Visits?

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

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

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

Prepare for the Unexpected—Activate Your MDLIVE Account Now!

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

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

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

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

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

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

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Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Illinois (BCBSIL). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.

The EOB has THREE MAJOR sections:

- **Subscriber Information** and **Total of Claim(s)** includes the member's name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.
- **Service Detail** for each claim includes:
  - Patient and provider information
  - Claim number and when it was processed
  - Service dates and descriptions
  - The amount billed
  - The discounts or other reductions subtracted from amount billed
  - Total amount covered
  - The amount you may owe (your responsibility)
- **Summary** - Shows you what the plan covers for each claim and your responsibility, including:

  Plan Provisions
  - The amount covered
  - Less any amounts you may owe, like deductible, copay and coinsurance

  Your Responsibility
  - Deductible and copay amount
  - Your share of coinsurance
  - Amount not covered, if any
  - Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

The EOB may include additional information:

- **Amounts Not Covered** will show what benefit limitations or exclusions apply.
- **Out-of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- **Fraud Hotline** is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.
- **An explanation** of your right to appeal if your health plan doesn't cover a health care claim.

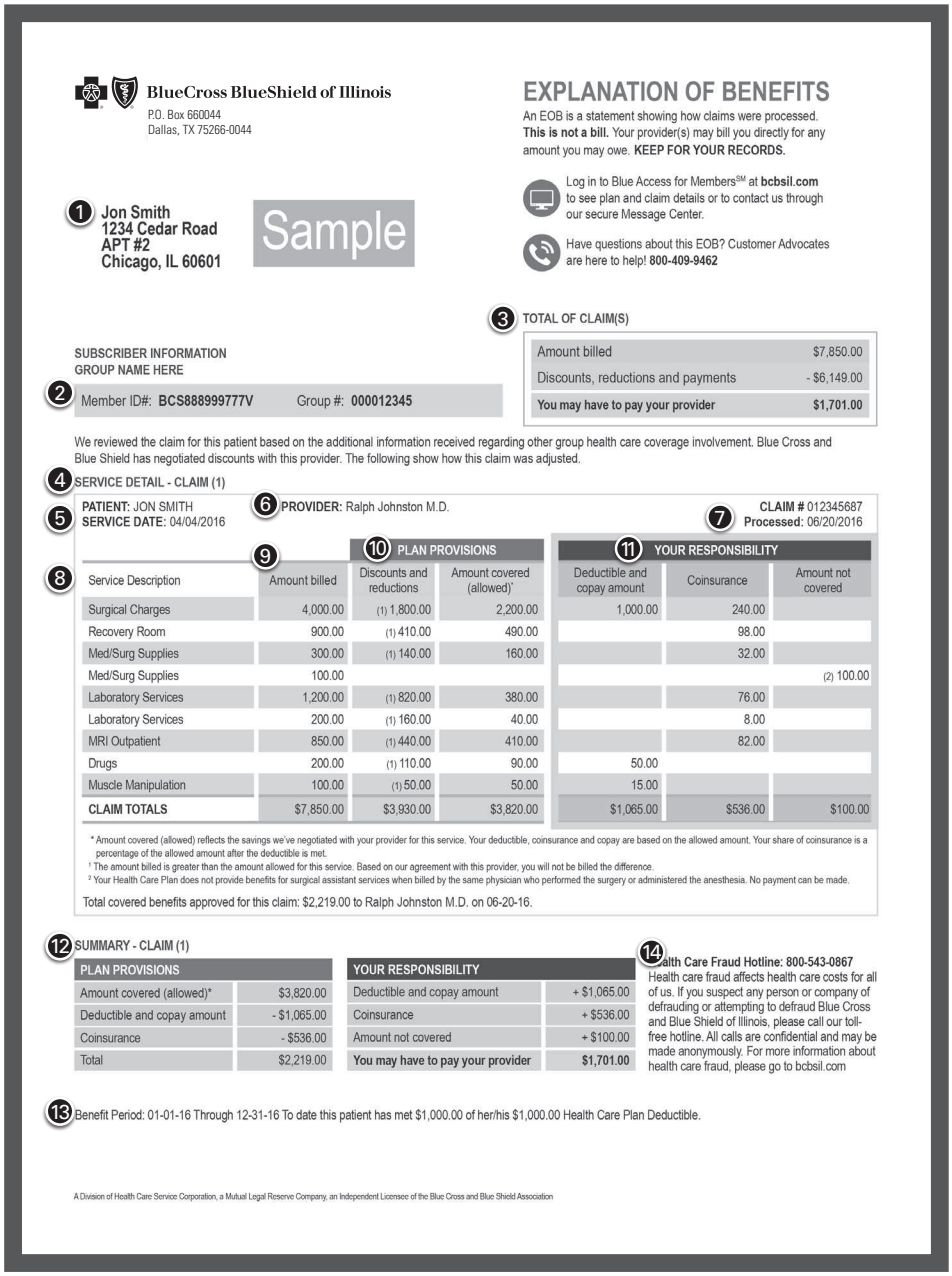
Your EOBs Are Available Online!

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

Available in English and Spanish

Sample EOB

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



BlueCross BlueShield of Illinois
P.O. Box 660044
Dallas, TX 75266-0044

EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

Log in to Blue Access for Members℠ at **bcbsil.com** to see plan and claim details or to contact us through our secure Message Center.

Have questions about this EOB? Customer Advocates are here to help! **800-409-9462**

1 Jon Smith
1234 Cedar Road
APT #2
Chicago, IL 60601

Sample

3 TOTAL OF CLAIM(S)

Amount billed	$7,850.00
Discounts, reductions and payments	- $6,149.00
You may have to pay your provider	**$1,701.00**

SUBSCRIBER INFORMATION
GROUP NAME HERE

2 Member ID#: **BCS888999777V** Group #: **000012345**

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield has negotiated discounts with this provider. The following show how this claim was adjusted.

4 SERVICE DETAIL - CLAIM (1)

5 **PATIENT:** JON SMITH
SERVICE DATE: 04/04/2016

6 **PROVIDER:** Ralph Johnston M.D.

7 **CLAIM #** 012345687
Processed: 06/20/2016

8 Service Description	9 Amount billed	10 PLAN PROVISIONS: Discounts and reductions	10 PLAN PROVISIONS: Amount covered (allowed)*	11 YOUR RESPONSIBILITY: Deductible and copay amount	11 YOUR RESPONSIBILITY: Coinsurance	11 YOUR RESPONSIBILITY: Amount not covered
Surgical Charges	4,000.00	(1) 1,800.00	2,200.00	1,000.00	240.00	
Recovery Room	900.00	(1) 410.00	490.00		98.00	
Med/Surg Supplies	300.00	(1) 140.00	160.00		32.00	
Med/Surg Supplies	100.00					(2) 100.00
Laboratory Services	1,200.00	(1) 820.00	380.00		76.00	
Laboratory Services	200.00	(1) 160.00	40.00		8.00	
MRI Outpatient	850.00	(1) 440.00	410.00		82.00	
Drugs	200.00	(1) 110.00	90.00	50.00		
Muscle Manipulation	100.00	(1) 50.00	50.00	15.00		
CLAIM TOTALS	$7,850.00	$3,930.00	$3,820.00	$1,065.00	$536.00	$100.00

* Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.
[1] The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
[2] Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Total covered benefits approved for this claim: $2,219.00 to Ralph Johnston M.D. on 06-20-16.

12 SUMMARY - CLAIM (1)

PLAN PROVISIONS	
Amount covered (allowed)*	$3,820.00
Deductible and copay amount	- $1,065.00
Coinsurance	- $536.00
Total	$2,219.00

YOUR RESPONSIBILITY	
Deductible and copay amount	+ $1,065.00
Coinsurance	+ $536.00
Amount not covered	+ $100.00
You may have to pay your provider	**$1,701.00**

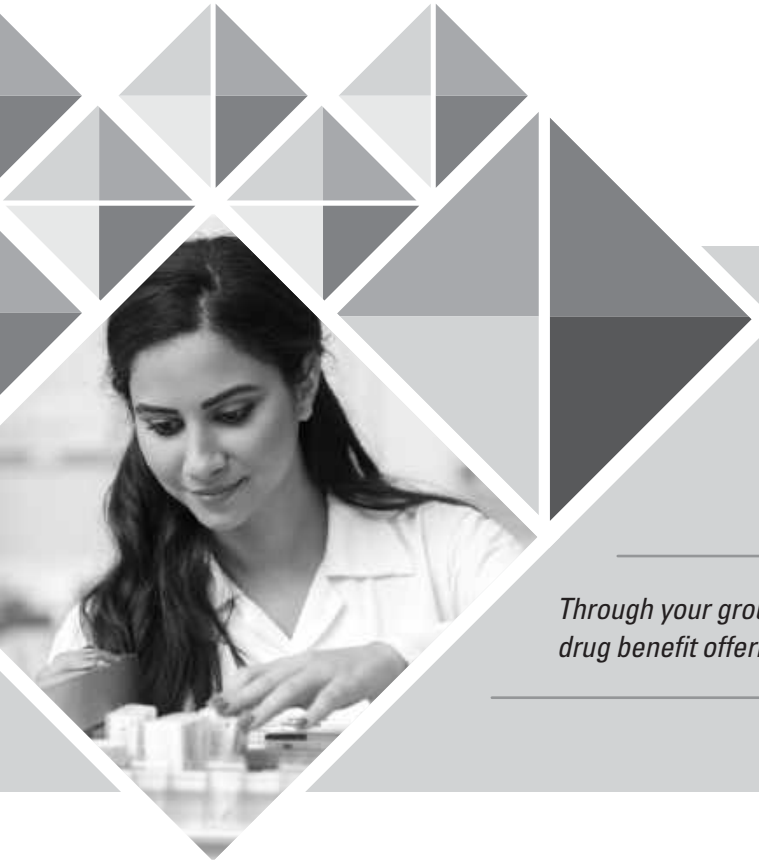
14 **alth Care Fraud Hotline: 800-543-0867**
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to bcbsil.com

13 Benefit Period: 01-01-16 Through 12-31-16 To date this patient has met $1,000.00 of her/his $1,000.00 Health Care Plan Deductible.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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

Prescription Drug and Wellness Information



Your PPO Prescription Drug Benefits

Through your group health plan, you may have one or more of these prescription drug benefit offerings through Blue Cross and Blue Shield of Illinois (BCBSIL):

1. Preferred Pharmacy Network

Where you fill your prescription matters. You can save money by using an in-network pharmacy. A Preferred Pharmacy Network is included in your prescription drug benefit plan. When you fill a prescription for up to a 30-day supply of a covered prescription drug from a retail pharmacy that contracts to participate in the Preferred Pharmacy Network, you may pay the lowest copay or coinsurance amount. If you fill a prescription at a non-preferred, in-network pharmacy, you may pay a higher copay or coinsurance.

You can also fill a prescription for up to a 90-day supply of a covered prescription drug at a retail pharmacy that participates in the Preferred Pharmacy Network.

To find a preferred pharmacy in the network, sign in to **myprime.com**. Please note that changes may be made to the participating pharmacies in the future.

*For more information about prescription drug benefits, you can visit **bcbsil.com/member/prescription-drug-plan-information/pharmacy-prescription-plan-information**, log in to Blue Access for Members℠ (BAM℠) and click on the 'Prescription Drugs' link or call the phone number on your member ID card.*

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2. Drug List Benefits

Your benefit plan is based on the Performance Drug List. All available covered drugs are shown on the printed list, unless you have a benefit exclusion. Drugs that are not shown are not covered. Most major drug classes are covered on the drug list. The Performance Drug List is updated online quarterly.

Some drugs may move to a higher payment level tier and some drugs may no longer be covered under the prescription drug benefit. As a reminder, drugs that have not received U.S. Food and Drug Administration (FDA) approval are not covered for safety reasons.

For drugs that move to a higher tier, they may still be eligible for coverage but you may have to pay a higher copay or coinsurance amount. For drugs that are no longer covered, a covered generic or lower cost alternative drug may be right for you. Depending on your prescription drug benefit, these alternative drugs may cost you less.

If you are taking or are prescribed a drug that has moved to a higher payment level tier or is no longer covered, ask your doctor about your drug therapy options. These drugs may cost you less. Your doctor can also request a drug list coverage exception from BCBSIL (unless you have a benefit exclusion). As always, treatment decisions are between you and your doctor.

Visit **bcbsil.com** for a comprehensive and up-to-date list.

3. Utilization Management Programs

Your prescription drug benefit plan has Prior Authorization, Step Therapy and Dispensing Limit programs. These programs promote safe and proper use of medicines. **Please note:** Select drugs that are new to the market may also need prior authorization.

- **Prior Authorization (PA)** – If your drug is part of the PA program, you will need to have your doctor submit pre-approval (also known as a prior authorization request).
    - If your request is approved, you will pay for your share of the drug, based on your benefit plan.
    - If your request is not approved, the drug will not be covered. You may still fill the prescription, but you may have to pay for the full amount charged by the pharmacy.
- **Step Therapy (ST)** – If your drug is part of the ST program, you may need to use a preferred drug first before coverage can be approved for another drug. If you and your doctor decide that the preferred drug is not right for you, your doctor can submit a step therapy exception request.
    - Members who are now taking a drug included in the program may not be affected.
- **Dispensing Limits** – Some drugs may have limits on them, such as how much medicine can be covered per prescription or in a given time span. These coverage limits are based on the manufacturer's guidelines and FDA approval. Members taking or prescribed a drug that has a dispensing limit, may not get coverage for an amount above the limit. If you and your doctor decide that the dispensing limit may not be right for you, your doctor can submit a request.

Call the number on your member ID card for questions about a certain drug, or visit **bcbsil.com/member/prescription-drug-plan-information/programs-other-members** for a list of prior authorization and step therapy programs. For information about dispensing limits, visit **bcbsil.com/member/prescription-drug-plan-information/drug-limits**.

Remember: Choice of pharmacy and treatment decisions are always between you and your doctor, and cost is only one factor. Only you and your doctor can decide which medicine is right for you. Talk with your doctor or pharmacist about any questions or concerns you have about medicines you are prescribed.

Coverage is always subject to the terms and limits of your benefit plan. Some drugs may call for members to meet certain criteria before prescription drug benefit coverage may be approved. See your plan materials for details.

A "preferred" or "participating" pharmacy has a contract with BCBSIL or BCBSIL's pharmacy benefit manager (Prime Therapeutics) to provide pharmacy services at a negotiated rate. The terms "preferred" and "participating" should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

Prime Therapeutics LLC is a separate 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.

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Q&A: Prescription Drug List

What is a prescription drug list?

Your prescription drug benefit plan is based on the Blue Cross and Blue Shield of Illinois (BCBSIL) drug list. It is a list of drugs routinely reviewed and chosen based on the recommendations of a group of people from throughout the country who hold a medical or pharmacy degree. U.S. Food and Drug Administration (FDA)-approved drugs are chosen based on their safety, cost and how well they work. The Enhanced Drug List is a smaller version of the Basic Drug List. It has mostly generic and select preferred brand drugs. The Balanced Drug List, Performance Drug List, Performance Select Drug List and 2020 Drug List (for Metallic plans) show all covered drugs. Drugs that are not shown on these lists are not covered. Major drug classes are covered on all drug lists. To learn more about your drug list, please call the number on your ID card.

Why should I use the drug list?

Your prescription drug list has many levels of coverage, called "tiers". As a rule, your copayment/ coinsurance amount will be less for covered drugs in the lower tier, such as the cost for preferred brand drugs is often lower than for non-preferred brand drugs. If your benefits are based on the Basic or Enhanced Drug List, most medicines may be covered that are not on the drug list, but you may pay more out of pocket. If your benefits are based on the Balanced Drug List, Performance Drug List, Performance Select Drug List or 2020 Drug List (for Metallic plans), medicines that are not on these drug lists will not be covered. You will need to pay for the full cost of the medicine. The drug list is a source for your doctor when prescribing medicines. But it is up to you and your doctor to decide the medicine that is best for you.

Why use generic drugs?

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

How do I know if a drug is on the drug list and what my cost will be?

The other side of this flier lists some commonly prescribed generic and preferred brand drugs. If a drug you are looking for is not on the list, search the full drug list at **bcbsil.com** or call the number on your ID card.

How much you may pay out of pocket will be based on your prescription drug benefit plan and what tier the drug is on the drug list. To find out what you will pay, visit **bcbsil.com** or call the number on your ID card.

Please note: Drugs that call for a health care provider to give them to you (often in a hospital, doctor's office or other health care setting) may be covered under your medical benefit and not on the drug list. If you have questions about these drugs, please call the number on your ID card.

What are dispensing limits?

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

What if I have questions?

Call the number on your ID card, 24 hours a day, 7 days a week, or visit **bcbsil.com**.

July 2020 Commonly Prescribed Drugs

This list is a sample of commonly prescribed generic and preferred brand drugs. See the full and up-to-date BCBSIL prescription drug lists at **bcbsil.com**. The online drug list (Balanced Drug List, Basic Drug List, Enhanced Drug List, Performance Drug List, Performance Select Drug List) may be changed as often as four times a year, based on your prescription drug benefit plan. Some online drug lists (Annual versions) may only be changed once a year, based on your prescription drug benefit plan. The online 2020 Drug List (for Metallic plans) may be changed monthly with added drugs. The drug list may have medicines not covered under your prescription drug benefit plan. Also, prescription versions of over-the-counter (OTC) medicines may not be covered based on your prescription drug benefit plan. If you have questions about your prescription drug benefit, call the number on your ID card.

ANTIHYPERTENSIVES

Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations

benazepril hcl tab
benazepril/ hydrochlorothiazide tab
captopril tab
enalapril maleate tab
enalapril maleate/ hydrochlorothiazide tab
fosinopril sodium tab
fosinopril sodium/ hydrochlorothiazide tab
lisinopril tab
lisinopril/ hydrochlorothiazide tab
moexipril hcl tab
perindopril erbumine tab
quinapril hcl tab
quinapril- hydrochlorothiazide tab
ramipril cap
trandolapril tab

Angiotensin II Receptor Antagonist (ARBs) and Combinations

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

Beta Blockers and Combinations

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

Calcium Channel Blockers and Combinations

amlodipine besylate-benazepril hcl cap
amlodipine besylate-valsartan tab
amlodipine-valsartan-hydrochlorothiazide tab
diltiazem hcl coated beads cap er 24hr
diltiazem hcl tab
felodipine tab er 24hr
nifedipine tab er 24hr osmotic release
verapamil hcl tab er
verapamil hcl tab

ASTHMA/COPD

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

CHOLESTEROL

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

DEPRESSION

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

DIABETES

acarbose tab
glimepiride tab
glipizide tab
glipizide tab er 24hr
glipizide-metformin hcl tab
GLUCAGON EMERGENCY KIT
glyburide-metformin tab
glyburide micronized tab
glyburide tab
GLYXAMBI
GVOKE PFS
HUMULIN R
INVOKAMET
INVOKAMET XR
INVOKANA
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
KOMBIGLYZE XR
LANTUS
LANTUS SOLOSTAR
LEVEMIR
metformin hcl tab
metformin hcl tab er
nateglinide tab
NOVOLIN 70/30
NOVOLIN N
NOVOLOG
NOVOLOG MIX 70/30
pioglitazone hcl-metformin hcl tab
pioglitazone hcl tab
repaglinide tab
RYBELSUS
TRESIBA
VICTOZA

Preferred brand drugs are shown in all CAPITAL LETTERS. Generic drugs are shown in lower-case type.

20365.0720 POD

A home-delivery pharmacy service you can trust.

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

Savings

- AllianceRx Walgreens Prime delivers up to a 90-day supply of long-term medicines.[1] This may reduce what you pay out of pocket, and includes free standard shipping.

Convenience

- Prescriptions are delivered to the address of your choice, within the U.S.
- You can order from the comfort of your home — either online or over the phone. Your doctor can fax or send your prescription electronically to AllianceRx Walgreens Prime.
- You can receive up to a 90-day supply of long-term medicine at a time.[1]
- You can ask for refills online or over the phone.
- Plain-labeled packaging protects your privacy.

Service

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

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

Getting Started with AllianceRx Walgreens Prime Home Delivery

Online and Mobile

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

- Visit **alliancerxwp.com/home-delivery**. Follow the instructions to create a new account or sign in with your Walgreens.com username and password.
- Log in to myprime.com and follow the links to AllianceRx Walgreens Prime.
- You can also continue to use your Walgreens.com account.

Over the Phone

Call **877-357-7463**, 24/7, to refill, transfer a current prescription or get started with home delivery. Please have your member ID card, prescription information and your doctor's contact information ready.

Through the Mail

To send a prescription order through the mail, visit **bcbsil.com** and log in to Blue Access for Members℠ (BAM℠). Complete the mail order form. Mail your prescription, completed order form and payment to AllianceRx Walgreens Prime.

Talk to Your Doctor

Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.[1] You can ask your doctor to send your prescription electronically to AllianceRx Walgreens Prime (AllianceRx Walgreens Prime-MAIL AZ), or fax a prescription request to **800-332-9581**. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy

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

Questions?

Visit **bcbsil.com**. Or call the phone number on the back of your member ID card.

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

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

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

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSIL to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

Well onTarget®

Blue Points℠ — Rewards for Healthy Living

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[1] 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.

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:

Activities	Potential Blue Points Amounts
Completing the Health Assessment every six months[4]	2,500 points every six months
Complete a Self-management Program	1,000 points per quarter
Using the trackers to track your progress toward your goals	10 points, up to a maximum of 70 points per week
Enrolling in the Fitness Program	2,500 points
Adding weekly Fitness Program center visits to your routine	Up to 300 points each week
Completing Progress Check-ins	Up to 250 points per month
Connecting a compatible fitness device or app to the portal	2,675 points
Tracking progress using a synced fitness device or app	55 points per day

*Log on to **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.

Fitbit®

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

See all the Blue365 deals and learn more at ***blue365deals.com/bcbsil****.*

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

Reebok | SKECHERS®

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

InVite® Health

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

Livekick

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

eMindful

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

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

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

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

Health Care Reform

Take Advantage of Preventive Services

Your family's race to better health begins with a single step: Taking advantage of preventive health care services

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

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

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

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

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at www.cdc.gov/vaccines.

FOR ADULTS

Annual preventive medical history and physical exam

SCREENINGS FOR

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

COUNSELING FOR

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

JUST FOR WOMEN

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

FOR CHILDREN

Annual preventive medical history and physical exam

SCREENINGS FOR

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

ASSESSMENTS AND COUNSELING

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

CERTAIN VACCINES

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

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

1 Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card.

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BlueCross BlueShield of Illinois

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

Help with public health and safety issues	• We can share your health information for certain situations such as: – Preventing disease – Helping with product recalls – Reporting adverse reactions to medications – Reporting suspected abuse, neglect or domestic violence – Preventing or reducing a serious threat to anyone's health or safety
Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you when state or federal law requires it, including the Department of Health and Human Services if they want to determine that we are complying with federal privacy laws.
Respond to organ/tissue donation requests and work with certain professionals	• We can share health information about you with an organ procurement organization. • We can share information with a medical examiner, coroner or funeral director.
Address workers compensation, law enforcement, and Other government requests	• We can use or share health information about you: – For workers compensation claims – For law enforcement purposes or with a law enforcement official – With health oversight agencies for activities authorized by law – For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates.
Respond to lawsuits And legal actions	• We can share health information about you in response to an administrative or court order, or in response to a subpoena.
Certain health information	• State law may provide additional protection on some specific medical conditions or health information. For example, these laws may prohibit us from disclosing or using information related to HIV/AIDS, mental health, alcohol or substance abuse and genetic information without your authorization. In these situations, we will follow the requirements of the state law.

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

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

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

Additional information about your Privacy Rights can be found @ https://www.hhs.gov/hipaa/

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

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

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

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

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

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

CHANGES TO THESE NOTICES

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

CONTACT INFORMATION FOR THESE NOTICES

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

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

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

U.S. Dept. of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building 1019	Complaint Portal:	https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Washington, DC 20201	Complaint Forms:	http://www.hhs.gov/ocr/office/file/index.html

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.

Español Spanish	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.
العربية Arabic	إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	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。
Français French	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.
Deutsch German	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.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કૉલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें ।.
Italiano Italian	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.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkidígíí bee nił h odoonih. Ata'dahalne'ígíí bich'į' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	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.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کررہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.

BlueCross BlueShield of Illinois

bcbsil.com

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