



BlueCross BlueShield of Illinois



## Enrollment Guide

CENTER ON DEAFNESS  
PPO/Blue Choice Select/HMO  
06/01/2022

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





# 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](http://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<sup>SM</sup>**

Go to [bcbsil.com/member](http://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](http://bcbsil.com) to look for doctors, hospitals and other places for care.

## **Call Customer Service for Help**

Our team knows your health plan and can help you get the most from your benefits. Just call the toll-free number on the back of your ID card.








**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.bcbsil.com/member/policy-forms/2022](http://www.bcbsil.com/member/policy-forms/2022) 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 <https://www.healthcare.gov/sbc-glossary/> or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	Individual: Participating \$1,500 Non-Participating \$3,000 Family: Participating \$4,500 Non-Participating \$9,000	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 plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes. Doesn't apply to certain preventive care. Copays don't count toward the 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 <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	Yes. Individual: Participating \$3,500 Non-Participating \$7,000 Family: Participating \$10,200 Non-Participating \$20,400 Prescription Drug expense limit: \$1,000 Individual \$3,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services.
<b>What is not included in the out-of-pocket limit?</b>	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.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.bcbsil.com">www.bcbsil.com</a> 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.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the specialist you choose without a referral.

 All <b>copayment</b> and <b>coinsurance</b> costs shown in this chart are after your <b>deductible</b> has been met, if a <b>deductible</b> 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	\$30 <u>copayment</u> /visit	40% <u>coinsurance</u>	Virtual visits may be available, please refer to your policy for more details.
	Specialist visit	\$50 <u>copayment</u> /visit	40% <u>coinsurance</u>	none
	Preventive care/screening/immunization	No Charge	40% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your provider if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	\$30 PCP/\$50 SPC <u>copayment</u> /visit	40% <u>coinsurance</u>	none
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need drugs to treat your illness or condition  More information about <b>prescription drug coverage</b> is available at <a href="https://www.bcbsil.com/member/prescription-drug-plan-information/drug-lists">https://www.bcbsil.com/member/prescription-drug-plan-information/drug-lists</a>	Generic drugs	\$10/\$15 <u>copayment</u> /prescription	\$15 <u>copayment</u> /prescription	Lower Copayment applies to preferred participating pharmacies. Retail limited to 30 day supply. Mail order limited to 90 day supply at 2X <u>copayment</u> amount. Mail order limited to 90 day supply at 2X <u>copayment</u> amount. Certain women's preventative services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service. For Non-Participating drug <u>Provider</u> you are responsible for 25% of the eligible amount after the copay. 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. Specialty retail/home delivery limited to a 30 day supply. RX Out-of-Pocket Expense Limit: \$1,000 Individual/\$3,000 Family.
	Preferred brand drugs	\$40/\$50 <u>copayment</u> /prescription	\$50 <u>copayment</u> /prescription	
	Non-preferred brand drugs	\$60/\$70 <u>copayment</u> /prescription	\$70 <u>copayment</u> /prescription	
	Specialty drugs	Covered	Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	none
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need immediate medical attention	Emergency room care	\$150 <u>copayment</u> /visit	\$150 <u>copayment</u> /visit	<u>copayment</u> waived if admitted.
	Emergency medical transportation	20% <u>coinsurance</u>	20% <u>coinsurance</u>	none
	Urgent care	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>copayment</u> may apply.

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 a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	\$300 copayment/visit plus 40% coinsurance	none
	Physician/surgeon fees	20% coinsurance	40% coinsurance	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 copayment for office visit or 20% coinsurance for other outpatient services	40% coinsurance	Preauthorization is required for Psychological testing; Neuropsychological testing; Electroconvulsive therapy; Repetitive Transcranial magnetic Stimulation; and Intensive Outpatient Treatment. Virtual visits may be available for Outpatient services, please refer to your policy for more details.
	Inpatient services	20% coinsurance	\$300 copayment/visit plus 40% coinsurance	
If you are pregnant	Office visits	\$30 copayment	40% 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 or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	\$300 copayment/visit plus 40% coinsurance	
	Home health care	20% coinsurance	40% coinsurance	
If you need help recovering or have other special health needs	Rehabilitation services	20% coinsurance	40% coinsurance	none
	Habilitation services	20% coinsurance	40% coinsurance	
	Skilled nursing care	20% coinsurance	\$300 copayment/visit plus 40% coinsurance	
	Durable medical equipment	20% coinsurance	40% coinsurance	
	Hospice services	20% coinsurance	40% coinsurance	
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	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).
	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.)**

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Cosmetic surgery</li></ul> | <ul style="list-style-type: none"><li>• Dental care (Adult)</li><li>• Long-term care</li></ul> | <ul style="list-style-type: none"><li>• Routine eye care (Adult)</li><li>• Weight loss programs</li></ul> |
|--|--|---|

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

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"><li>• Bariatric surgery</li><li>• Chiropractic care (30 visit max)</li><li>• Hearing aids (for children 1 per ear every 24 months, for adults up to \$2,500 per ear every 24 months)</li></ul> | <ul style="list-style-type: none"><li>• Infertility treatment (4 per benefit period)</li><li>• Non-emergency care when traveling outside the U.S.</li></ul> | <ul style="list-style-type: none"><li>• Private-duty nursing</li><li>• Routine foot care (Only in connection with diabetes)</li></ul> |
|--|---|---|

**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](http://www.dol.gov/ebsa/healthreform) 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](http://www.dol.gov/ebsa/healthreform), or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.ccio.cms.gov](http://www.ccio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](http://www.HealthCare.gov). For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

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

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

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

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

If your plan doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-541-2768.  
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): Dine'ehgo shika at'ohwol ninisingo, kwijigo 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** \$50
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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**In this example, Peg would pay:**

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$400
Coinsurance	\$1,600
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,560</b>

**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** \$50
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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**In this example, Joe would pay:**

<i>Cost Sharing</i>	
Deductibles	\$800
Copayments	\$1,100
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,920</b>

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

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$50
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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**In this example, Mia would pay:**

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$300
Coinsurance	\$40
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,840</b>


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





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Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	Individual: In-Network \$500 Out-of-Network \$1,000 Family: In-Network \$1,500 Out-of-Network \$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 plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes. Doesn't apply to certain preventive care. Copays don't count toward the 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 <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	Yes. Individual: In-Network \$1,500 Out-of-Network \$3,000 Family: In-Network \$4,500 Out-of-Network \$9,000 Prescription Drug expense limit: \$1,000 Individual \$3,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services.
<b>What is not included in the out-of-pocket limit?</b>	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.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.bcbsil.com">www.bcbsil.com</a> 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.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the specialist you choose without a referral.

 All <b>copayment</b> and <b>coinsurance</b> costs shown in this chart are after your <b>deductible</b> has been met, if a <b>deductible</b> 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	\$20 <u>copayment</u> /visit	40% <u>coinsurance</u>	Virtual visits may be available, please refer to your policy for more details.
	Specialist visit	\$20 <u>copayment</u> /visit	40% <u>coinsurance</u>	none
	Preventive care/screening/immunization	No Charge	40% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your provider if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	\$20 <u>copayment</u> /visit or 10% <u>coinsurance</u>	40% <u>coinsurance</u>	none
	Imaging (CT/PET scans, MRIs)	10% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need drugs to treat your illness or condition  More information about <b>prescription drug coverage</b> is available at <a href="https://www.bcbsil.com/member/prescription-drug-plan-information/drug-lists">https://www.bcbsil.com/member/prescription-drug-plan-information/drug-lists</a>	Generic drugs	\$10/\$15 <u>copayment</u> /prescription	\$15 <u>copayment</u> /prescription	Lower Copayment applies to preferred participating pharmacies. Retail limited to 30 day supply. Mail order limited to 90 day supply at 2X <u>copayment</u> amount. Mail order limited to 90 day supply at 2X <u>copayment</u> amount. Certain women's preventative services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service. For Non-Participating drug <u>Provider</u> you are responsible for 25% of the eligible amount after the copay. 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. Specialty retail/home delivery limited to a 30 day supply. RX Out-of-Pocket Expense Limit: \$1,000 Individual/\$3,000 Family.
	Preferred brand drugs	\$40/\$50 <u>copayment</u> /prescription	\$50 <u>copayment</u> /prescription	
	Non-preferred brand drugs	\$60/\$70 <u>copayment</u> /prescription	\$70 <u>copayment</u> /prescription	
	Specialty drugs	Covered	Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	40% <u>coinsurance</u>	none
	Physician/surgeon fees	10% <u>coinsurance</u>	40% <u>coinsurance</u>	



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	<u>Emergency room care</u>	\$150 <u>copayment/visit</u> plus 10% <u>coinsurance</u>	\$150 <u>copayment/visit</u> plus 10% <u>coinsurance</u>	<u>copayment</u> waived if admitted.
	<u>Emergency medical transportation</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	none
	<u>Urgent care</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>copayment</u> may apply.
	<u>Facility fee (e.g., hospital room)</u>	10% <u>coinsurance</u>	\$300 <u>copayment/visit</u> plus 40% <u>coinsurance</u>	none
If you have a hospital stay	<u>Physician/surgeon fees</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	Preauthorization is required for Psychological testing; Neuropsychological testing; Electroconvulsive therapy; Repetitive Transcranial magnetic Stimulation; and Intensive Outpatient Treatment. Virtual visits may be available for Outpatient services, please refer to your policy for more details.
	<u>Outpatient services</u>	\$20 <u>copayment</u> for office visit or 10% <u>coinsurance</u> for other outpatient services	40% <u>coinsurance</u>	
	<u>Inpatient services</u>	10% <u>coinsurance</u>	\$300 <u>copayment/visit</u> plus 40% <u>coinsurance</u>	
	<u>Office visits</u>	\$20 <u>copayment</u>	40% <u>coinsurance</u>	
If you are pregnant	<u>Childbirth/delivery professional services</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	Copayment applies to first prenatal visit per pregnancy. Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	<u>Childbirth/delivery facility services</u>	10% <u>coinsurance</u>	\$300 <u>copayment/visit</u> plus 40% <u>coinsurance</u>	
	<u>Home health care</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	
	<u>Rehabilitation services</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Habilitation services</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	Benefits are limited to items used to serve a medical purpose. <u>DME</u> benefits are provided for both purchase and rental equipment (up to the purchase price).
	<u>Skilled nursing care</u>	10% <u>coinsurance</u>	\$300 <u>copayment/visit</u> plus 40% <u>coinsurance</u>	
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	
	<u>Hospice services</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	

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)	
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not Covered	
	Children's glasses	Not Covered	Not Covered	none
	Children's dental check-up	Not Covered	Not Covered	

#### Excluded Services & Other Covered Services:

<b>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u>.)</b>
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• Long-term care</li> <li>• Routine eye care (Adult)</li> <li>• Weight loss programs</li> </ul>

<b>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)</b>
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**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 on how 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](http://www.bcbsil.com), or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit <http://insurance.illinois.gov>.

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

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

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

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-541-2768.

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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, kwijigo 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 \$500
- Specialist copayment \$20
- 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*)

<b>Total Example Cost</b>	<b>\$12,700</b>
<b>In this example, Peg would pay:</b>	
<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$300
Coinsurance	\$700
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$1,560</b>

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

- The plan's overall deductible \$500
- Specialist copayment \$20
- 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*)

<b>Total Example Cost</b>	<b>\$5,600</b>
<b>In this example, Joe would pay:</b>	
<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$1,000
Coinsurance	\$30
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,520</b>

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

- The plan's overall deductible \$500
- Specialist copayment \$20
- 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*)

<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$200
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$900</b>

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





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/2022](http://www.bcbsil.com/member/policy-forms/2022) or by calling 1-800-892-2803. 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 <https://www.healthcare.gov/sbc-glossary/> 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 <u>deductible</u> before the plan pays for any services.
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this plan?	Yes. Individual: Participating \$1,500 Family: Participating \$3,000 Prescription Drug expense limit: \$1,000 Individual \$3,000 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums and health care this Plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://www.bcbsil.com">www.bcbsil.com</a> or call 1-800-892-2803 for a list of Participating Providers.	This plan uses a <u>provider network</u> . You will pay less if you use a provider in the plan's network. You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your plan pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes.	This plan will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

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)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$30 copayment/visit	Not Covered	none
	Specialist visit	\$50 copayment/visit	Not Covered	Referral required.
	Preventive care/screening/immunization	No Charge	Not Covered	No charge for immunizations. You may have to pay for services that aren't <u>preventive</u> . Ask your provider if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Referral required.
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	
	Generic drugs	\$10/\$20 copayment/prescription	Not Covered	
<b>If you need drugs to treat your illness or condition</b> More information about <u>prescription drug coverage</u> is available at <a href="https://www.bcbsil.com/member/prescription-drug-plan-information/drug-lists">https://www.bcbsil.com/member/prescription-drug-plan-information/drug-lists</a>	Preferred brand drugs	\$40/\$80 copayment/prescription	Not Covered	Up to 30 day retail/90 day home delivery. Certain women's preventative services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact customer service. 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. Specialty retail/home delivery limited to 30 day supply.
	Non-preferred brand drugs	\$60/\$120 copayment/prescription	Not Covered	RX Out-of-Pocket Expense Limit: \$1,000 Individual/\$3,000 Family. You may be eligible to synchronize your prescription refills, *please see your benefit booklet for details. The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed \$100, when obtained from a Preferred Participating or Participating Pharmacy.
	Specialty drugs	Covered	Not Covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Referral required.
	Physician/surgeon fees	No Charge	Not Covered	

\*For more information about limitations and exceptions, see the plan or policy document at [www.bcbsil.com/member/policy-forms/2022](http://www.bcbsil.com/member/policy-forms/2022).

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	<u>Emergency room care</u>	\$150 <u>copayment</u> /visit	\$150 <u>copayment</u> /visit	<u>copayment</u> waived if admitted.
	<u>Emergency medical transportation</u>	No Charge	No Charge	none
	<u>Urgent care</u>	No Charge	Not Covered	Applicable <u>copayment</u> may apply. Must be affiliated with member's chosen medical group or <u>Referral</u> required.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 <u>copayment</u> /day	Not Covered	<u>Referral</u> required. <u>Copayment</u> applies per day for the first 5 days.
	Physician/surgeon fees	No Charge	Not Covered	<u>Referral</u> required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 <u>copayment</u> /visit	Not Covered	<u>Referral</u> required.
	Inpatient services	\$250 <u>copayment</u> /visit	Not Covered	<u>Referral</u> required. <u>Copayment</u> applies per day for the first 5 days.
	Office visits	\$30 <u>copayment</u>	Not Covered	<u>Copayment</u> applies to first prenatal visit per pregnancy. <u>Cost sharing</u> does not apply to certain preventive services. Depending on the type of services, <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
If you are pregnant	Childbirth/delivery professional services	No Charge	Not Covered	<u>Referral</u> required.
	Childbirth/delivery facility services	\$250 <u>copayment</u> /day	Not Covered	<u>Copayment</u> applies per day for the first 5 days.

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 help recovering or have other special health needs	Home health care	No Charge	Not Covered	<u>Referral</u> required.
	<u>Rehabilitation services</u>	No Charge	Not Covered	<u>Referral</u> Required. 60 visits combined/calendar year. Includes, but is not limited to, physical, occupational or speech therapy. <u>copayment</u> may apply.
	<u>Habilitation services</u>	No Charge	Not Covered	
	<u>Skilled nursing care</u>	\$250 <u>copayment</u> /day	Not Covered	<u>Referral</u> required. Excludes custodial care. <u>copayment</u> per day for up to 5 days per calendar year.
	<u>Durable medical equipment</u>	No Charge	Not Covered	<u>Referral</u> required. Benefits are limited to items used to serve a medical purpose. <u>DME</u> benefits are provided for both purchase and rental equipment (up to the purchase price).
If your child needs dental or eye care	<u>Hospice services</u>	No Charge	Not Covered	<u>Referral</u> required. Inpatient <u>copayment</u> may apply.
	Children's eye exam	No Charge	Not Covered	1 exam every 12 months
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	none

### 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.)

- Bariatric surgery (unless medically necessary)
- Cosmetic surgery
- Dental care
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Weight loss programs

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

- Acupuncture
- Chiropractic care (30 visit max)
- Hearing aids (Hearing aids (for children 1 per ear every 24 months, for adults up to \$2500 per ear every 24 months)
- Routine eye care (Adult)
- Routine foot care (Only in connection with diabetes)
- Infertility treatment (4 per benefit period)

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

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

- **The plan's overall deductible** \$0
- **Specialist copayment** \$50
- **Hospital (facility) copayment** \$250
- **Other** \$0

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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**In this example, Peg would pay:**

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$360</b>

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

- **The plan's overall deductible** \$0
- **Specialist copayment** \$50
- **Hospital (facility) copayment** \$250
- **Other** \$0

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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**In this example, Joe would pay:**

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,020</b>

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

- **The plan's overall deductible** \$0
- **Specialist copayment** \$50
- **Hospital (facility) copayment** \$250
- **Other** \$0

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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**In this example, Mia would pay:**

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$300</b>

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



# The PPO Plan

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

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

### PPO Network

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

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

### Medical Care

Your benefits may include coverage for\*:

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

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

# Confused About Where to Go for Care?

SmartER Care<sup>SM</sup> options may save you money.

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

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

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



## Doctor's Office

- Office hours vary
- Generally the best place to go for non-emergency care
- Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- Average wait time is 18 minutes<sup>1</sup>

\$



## Retail Health Clinic

- Based on retail store hours
- Usually lower out-of-pocket cost to you than urgent care
- Often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems

\$



## Urgent Care Center

- Generally includes evenings, weekends and holidays
- Often used when your doctor's office is closed, and you don't consider it an emergency
- Average wait time is 16-24 minutes<sup>2</sup>
- Many have online and/or telephone check-in

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## Hospital ER

- Open 24 hours, seven days a week
- Average wait time is 35-49 minutes (variable)<sup>3</sup>
- If you receive emergency room (ER) care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- Multiple bills for services such as doctors and facility

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## Freestanding ER

- Open 24 hours, seven days a week
- Could be transferred to a hospital-based ER depending on medical situation
- Services do not include trauma care
- Often freestanding ERs are out-of-network. If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- All freestanding ERs charge a facility fee that urgent care centers do not. You may receive other bills for each doctor you see.<sup>4</sup>

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

<sup>1</sup> Vitals Annual Wait Time Report, 2017.

<sup>2</sup> Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.

<sup>3</sup> National Center for Health Statistics, Centers for Disease Control and Prevention, 2019.






<sup>4</sup> The Texas Association of Health Plans.

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

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

# Deciding Where to Go?

Doctor's Office, Retail Clinic, Urgent Care or ER.

	Doctor's Office	Retail Health Clinic	Urgent Care Center	Hospital ER	Freestanding ER
					
Who usually provides care	Primary Care Doctor	Physician Assistant or Nurse Practitioner	Internal Medicine, Family Practice and Pediatric	ER Doctors, Internal Medicine, Specialists	ER Doctors
Sprains, strains	■	■	■	<ul style="list-style-type: none"> <li>Any life-threatening or disabling conditions</li> <li>Sudden or unexplained loss of consciousness</li> <li>Major injuries</li> <li>Chest pain; numbness in the face, arm or leg; difficulty speaking</li> <li>Severe shortness of breath</li> <li>High fever with stiff neck, mental confusion or difficulty breathing</li> <li>Coughing up or vomiting blood</li> <li>Cut or wound that won't stop bleeding</li> <li>Possible broken bones</li> </ul>	<ul style="list-style-type: none"> <li>Most major injuries except for trauma<sup>†</sup></li> <li>May also provide imaging and lab services but do not offer trauma or cardiac services requiring catheterization<sup>†</sup></li> <li>Do not always accept ambulances</li> </ul>
Animal bites	■	■	■		
X-rays			■		
Stitches			■		
Mild asthma	■	■	■		
Minor headaches	■	■	■		
Back pain	■	■	■		
Nausea, vomiting, diarrhea	■	■	■		
Minor allergic reactions	■	■	■		
Coughs, sore throat	■	■	■		
Bumps, cuts, scrapes	■	■	■		
Rashes, minor burns	■	■	■		
Minor fevers, colds	■	■	■		
Ear or sinus pain	■	■	■		
Burning with urination	■	■	■		
Eye swelling, irritation, redness or pain	■	■	■		
Vaccinations	■	■	■		

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

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

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

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

Find urgent care centers<sup>1</sup> near you by texting<sup>2</sup> **URGENTIL** to **33633**.

<sup>†</sup>"Freestanding ED 101: What you need to know" July 2016, The Advisory Board Company.

<sup>1</sup> The closest urgent care center may not be in your network. Be sure to check Provider Finder<sup>®</sup> to make sure the center you go to is in-network.

<sup>2</sup> Message and data rates may apply. Read terms, conditions and privacy policy at [bcbill.com/mobile/text-messaging](http://bcbill.com/mobile/text-messaging).





# The Blue Advantage HMO<sup>SM</sup> Plan

## It's to Your Advantage!

Knowing your benefits, and how to use them, can help you better take care of your and your family's health care needs. With the Blue Cross and Blue Shield of Illinois (BCBSIL) Blue Advantage HMO plan, you can take advantage of valuable benefits, customer service and flexibility.

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

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

### Medical Care

Your benefits may include coverage for\*:

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



### The Blue Advantage HMO Network<sup>SM</sup>

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

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

### Preventive Care

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

### Vision Care

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

### BlueCard<sup>®</sup>

This program covers Blue Advantage HMO members traveling outside of Illinois who need medical attention for a condition that is not an emergency. To find a contracting provider in the area in which you are traveling, call the BlueCard program toll-free at **800-810-BLUE (800-810-2583)** or search the Blue Cross and Blue Shield Association's website at **bcbs.com**. You can then call the provider directly to make an appointment. You pay the applicable copayment at the time of service and don't need to submit claim forms.

## Emergency Care

You receive health care coverage for hospital emergency room (ER) care, inpatient hospital care directly resulting from any medical emergency and ER follow-up care. Emergency care benefits cover members who have a medical emergency that may occur at any time.

If possible, try to call your PCP before going to the hospital ER. Your PCP or another doctor in your contracting medical group may be able to treat you in the office, helping you avoid a hospital ER visit that could result in additional expense to you.

However, if you think your condition is a medical emergency, you should go to the nearest hospital ER or dial 911\* immediately. Notify your PCP of any emergency treatment received. Emergency care benefits are limited to the initial emergency treatment unless your PCP orders further treatment. Your PCP must provide or coordinate your follow-up care.

## Urgent Care Centers and Freestanding ERs

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers but costs may be higher. A visit to a freestanding ER often results in surprise medical bills that can be four to five times the rate charged by urgent care centers for the same services<sup>1</sup>.

Freestanding ERs look like urgent care centers, but include EMERGENCY in facility names. They are usually open 24 hours a day, seven days a week and are physically separate from a hospital. If possible, try to call your PCP before going to an urgent care center or an ER.

## Reconstructive Surgery

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

Blue Advantage HMO covers these procedures and annual mammograms when ordered by a member's PCP or WPHCP, subject to the terms of the member's applicable health care benefit coverage. Visit **bcbsil.com** or call Customer Service for more information.

## Utilization Management

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

## Substance Use Disorder Treatment

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

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

\*For medical emergencies, call 911 or your local emergency services first. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

<sup>1</sup> Freestanding ERs: the Need for Greater Transparency and More Consumer Protections. (2016). The Texas Association of Health Plans



# Blue Choice Select PPO<sup>SM</sup> Plan

**Blue Choice Select offers a full range of benefits to help keep you and your covered dependents healthy.**

Blue Choice Select includes all the features of a PPO plan, such as a wide range of benefits and the flexibility to self-direct your care. You do not need to choose a primary care physician to provide or coordinate your care and you do not need a referral to see a specialist. However, the Blue Choice Select<sup>SM</sup> network is smaller than the PPO network.

## Network Information

Blue Choice Select offers access to a specific, geographically-focused network of physicians and hospitals. To enroll in Blue Choice Select, you must live in the Blue Choice Select service area. To receive the highest level of benefits, you should use these providers for health care services. You can receive care from a provider outside the network, but your benefits will be paid at a lower level and your out-of-pocket costs may be significantly higher. You may also be required to pay fees for out-of-network medical services up front and be subject to balance billing.

## Medical Care

Your benefits may include coverage for\*:

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

To find a contracting doctor or hospital, go to **bcbsil.com** and click on the Find a Doctor or Hospital tab to use the Provider Finder<sup>®</sup> tool. You may also call BlueCard<sup>®</sup> Access toll-free at **800-810-BLUE (800-810-2583)** for provider information. Once you become a member, you can also call the toll-free Customer Service telephone number on the back of your member ID card for assistance.





# Other Benefits for Non-HMO Plans

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

## Preventive Care

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

## Emergency Care

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

## National Coverage

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

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

- Visit the website at **bcbsil.com** and click on the Find a Doctor or Hospital tab to use the Provider Finder® tool or call BlueCard® Access at **800-810- BLUE (800-810-2583)** for help. Maps and driving directions are also available.
- Call Customer Service at the toll-free number on the back of your member ID card.





## Reconstructive Surgery Following a Mastectomy

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

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

## Illinois Dependent Eligibility Mandate

Under Federal law, your dependents are eligible for health and dental coverage up to the dependent limiting age and may not be denied coverage due to marital, student or employment status before age 26. Check with your employer for additional details regarding eligibility requirements. In addition, eligible military personnel may not be denied coverage before age 30 under Illinois law. If you elect Blue Choice Select<sup>SM</sup> 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<sup>®</sup> Core<sup>®</sup> program, in most cases, will not require you to pay up front for inpatient care. You are responsible for the out-of-pocket expenses such as a deductible, copayment, coinsurance and non-covered services. The doctor or hospital should submit your claim.

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



Blue Access for Members<sup>SM</sup>

# Health care at your fingertips.

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

## With BAM, you can:

- Find care – search for in-network doctors, hospitals, pharmacies and other health care providers
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Download our app
- Sign up for text or email alerts

## It's Easy to Get Started!

1. Go to **bcbsil.com**
2. Click **Register Here**
3. Use the information on your BCBSIL ID card to sign up

Or, text\* **BCBSIL** to **33633** to get the BCBSIL app and use BAM while you're on the go.



# Medical Plan Frequently Asked Questions

## **Q. Are my medical records kept confidential?**

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

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

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

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

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

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

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

Some options for non-emergency care include:

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



### **Urgent Care or Freestanding Emergency Room?**

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

#### **Freestanding ERs:**

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

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

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

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

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

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

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

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

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

<sup>1</sup> 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.

<sup>2</sup> Message and data rates may apply. Read terms, conditions and privacy policy at [bcbsil.com/mobile/text-messaging](http://bcbsil.com/mobile/text-messaging).

# Understanding Your Explanation of Benefits



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

## Page One Covers the Basics

- A. Confirm your policy ID.
- B. Learn how to download the mobile app and access your claims online.
- C. Find helpful contacts and a glossary.

 **BlueCross BlueShield of Illinois**  
PO Box 7344  
Chicago, IL 60680-7344

John Smith  
1234 Cedar Road  
APT #2  
Any Town, IL 76065

Sample

### EXPLANATION OF BENEFITS

- A** Log into **Blue Access for Members™** at [bcsil.com](http://bcsil.com)
  - View plan and claim details
  - Contact us through our secure Message Center
  - Sign up for digital health plan info
  - Search for health care providers
- B** Text\* **GOBCBSIL** to **33633** to download the mobile app.
- C** Have questions about this EOB? Customer Advocates are here to help! **XXX-XXX-XXXX**

**SUBSCRIBER INFORMATION**  
**GROUP NAME**  
Member ID#: XXXXXXXXXX777V Group #: 000012345

Dear John Smith,

An Explanation of Benefits (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.**

#### HELPFUL INFORMATION

##### Want Your Health Care Info Digitally?

To get this EOB and other health care info on our mobile app, text\* GOBCBSIL to 33633 to download the app. You can also go digital by logging in at [bcsil.com/member](http://bcsil.com/member). Once logged in, navigate to Settings, click Preferences, then select Go Paperless.

##### Health 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 (BCBSIL), 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 [bcsil.com](http://bcsil.com).

**GLOSSARY OF TERMS - We have described some of the terms used here to help you understand them, but you should make sure to read your benefit plan materials if you have questions.**

**Amount Billed:** The amount your provider billed for the service(s) rendered.

**Amount Covered (Allowed):** Discounts, reductions, and amount covered (allowed) reflect the terms of your plan, and in the case of an in-network provider, the savings we have negotiated with your provider. Your deductible, coinsurance and copay are based on the allowed amount and the terms of your plan. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

**Coinsurance:** The percentage of the allowed amount you pay as your share of the bill. For example, if your plan pays 80% of the allowed amount, 20% would be your coinsurance.

**Copay Amount (Also known as Copayment):** The set fee you pay each time you receive a certain service. Some plans do not have copayments.

**Deductible:** The amount, if any, you must pay before we start paying contract benefits. You do not send this amount to us. We subtract this amount from covered expenses on claims you and health care professionals send us. Some services can be covered before the deductible is met.

**Non-Participating Provider:** An out-of-network provider who does not accept rates for services we set to keep your costs down.

**Out-of-Pocket Limit (Maximum):** Once you pay this amount in deductibles, copayments and coinsurance for covered services, we pay 100% of the allowed amount for covered services for the rest of the benefit period.

**Participating Provider:** An in-network or out-of-network provider who accepts agreed-upon rates for services.

**Your Total Costs:** This is the sum of your copay, deductible and coinsurance. It also includes any amounts not covered by your health plan. Amounts that a non-participating provider may bill you are not part of this.

\*Message and data rates may apply. Terms & Conditions and Privacy Policy [bcsil.com/text-messaging](http://bcsil.com/text-messaging)

Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.  
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

241939/0421

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**CLAIM DETAIL (1 OF X)**
**PATIENT:** John Smith

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

**CLAIM #** XXXXXXXXXXXX

**DATE PROCESSED:** 06/20/2020

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 of Illinois (BCBSIL) has negotiated discounts with this provider. The following shows how this claim was adjusted.

# Sample

**F SUBSCRIBER INFORMATION**
**GROUP NAME**

Member ID#: XXXXXXXXX777V Group #: 000012345

Customer Advocates are here to help! XXX-XXX-XXXX

**O<sup>2</sup>**

Amount Billed	\$7,850.00
Discounts and Reductions	-\$3,930.00
Health Plan Responsibility	-\$2,219.00
<b>You may owe your health care provider for these services</b>	<b>\$1,701.00</b>

**YOUR BENEFITS APPLIED**
**YOUR RESPONSIBILITY**

Service Description	Service Dates	<b>G</b> Amount Billed	<b>H</b> Discounts and Reductions	<b>I</b> Amount Covered (Allowed)	<b>J</b> Health Plan Responsibility	<b>K</b> Deductible Amount	<b>L</b> Copay Amount	<b>M</b> Coinsurance	<b>N</b> Amount Not Covered	<b>O</b> Your Total Costs
Surgical Charges	04/04/2020	4,000.00	(1) 1,800.00	2,200.00	960.00	1,000.00		240.00		1,240.00
Recovery Room	04/04/2020	900.00	(1) 410.00	490.00	392.00			98.00		98.00
Med/Surg Supplies	04/04/2020	300.00	(1) 140.00	160.00	128.00			32.00		32.00
Med/Surg Supplies	04/04/2020	100.00							(2) 100.00	100.00
Laboratory Services	04/04/2020	1,200.00	(1) 820.00	380.00	304.00			76.00		76.00
Laboratory Services	04/04/2020	400.00	(1) 270.00	130.00	72.00		50.00	8.00		58.00
MRI Outpatient	04/04/2020	950.00	(1) 490.00	460.00	363.00		15.00	82.00		97.00
<b>CLAIM TOTALS</b>		<b>\$7,850.00</b>	<b>\$3,930.00</b>	<b>\$3,820.00</b>	<b>\$2,219.00</b>	<b>\$1,000.00</b>	<b>\$65.00</b>	<b>\$536.00</b>	<b>\$100.00</b>	<b>\$1,701.00</b>

**Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-20.**
**Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"**

(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.

Your health care plan has a calendar year maximum for x-rays and laboratory services performed in the outpatient department of a hospital, a clinic or a doctor's office. When this maximum has been reached, the balance is eligible under your major medical benefits, subject to a yearly deductible and a coinsurance share.

For your up-to-date Medical Spending summary, visit Blue Access for Members<sup>SM</sup> on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card.

JOHN SMITH - For benefit period 01-01-20 through 12-31-20 to date this patient has met \$4,515.02 of her/his \$7,350.00 Out-of-Pocket Expense Limit.

## On Page Two You Can:

### At a glance, confirm the:

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

### Get the Details

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

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

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

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

### See Your Cost Share

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

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

**O.** Your Total Costs is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments before beginning services. It also includes any amounts not covered by your health plan. The total cost in this column details the amount shown in the claim summary (O<sup>2</sup>). It does not include any amounts that a non-participating provider may bill you.

### Get More Information

Your EOB may include a little more information about:

**J<sup>2</sup>.** Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).

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

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

Sign up to get your EOBs online on **Blue Access for Members<sup>SM</sup>** or

Text\* **GOBCBSIL to 33633** to download the mobile app.

\* Message and data rates may apply. See terms and conditions and our privacy policy at [bcbsil.com/text-messaging](http://bcbsil.com/text-messaging).



# Choosing Quality Care for You and Your Family

Under your plan, you have access to designated specialty care facilities that have met national measures for quality and cost-efficient care. When you use a Blue Distinction® Center doctor or hospital, you will receive the most from your benefits and know that the doctor or hospital has a record of providing proven, effective specialty care.

Blue Distinction® Specialty Care services include:

- **Blue Distinction® Centers for Bariatric Surgery:** Postoperative care, follow-up and patient education
- **Blue Distinction® Centers for Cardiac Care:** Cardiac rehabilitation, cardiac catheterization and cardiac surgery
- **Blue Distinction® Centers for Cellular Immunotherapy (CAR-T):** Treat certain blood cancers with chimeric antigen receptor T cell therapies (CAR-T)
- **Blue Distinction® Centers for Fertility Care:** Focused on in vitro fertilization (IVF)
- **Blue Distinction® Centers for Gene Therapy:** Focus on treatment used for inherited conditions such as ocular disorders
- **Blue Distinction® Centers for Knee and Hip Replacement:** Knee and hip replacement surgeries and services
- **Blue Distinction® Centers for Maternity Care:** Childbirth services, including both vaginal and cesarean deliveries
- **Blue Distinction® Centers for Substance Use Treatment and Recovery:** Residential, inpatient, intensive outpatient, or partial hospitalization services
- **Blue Distinction® Centers for Spine Surgery:** Spine surgery services, including discectomy, fusion and decompression procedures
- **Blue Distinction® Centers for Transplants:** Transplant and support services



**Blue Distinction Centers (BDC):** Doctors or hospitals recognized for their expertise in delivering specialty care.

**Blue Distinction Centers+ (BDC+):** Doctors or hospitals recognized for their expertise and efficiency in delivering specialty care.

## High Quality, Lower Cost

At a BDC or a BDC+ facility, you may get a better outcome and may have lower out-of-pocket costs,\* depending on your plan. Although your plan may require you to get treatment at a BDC or BDC+ facility, you may still be covered at a non-BDC facility, but your out-of-pocket costs will usually be higher.

## Nationwide Access

There are approximately 2,480 BDCs nationwide.

To find a BDC near you, log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) at **bcbsil.com/member**.

To register for a BAM account, all you need are your group and identification numbers, found on your member ID card. BAM is secure and easy to use. When you search for providers in BAM, it will take you directly to network providers only.

By logging in to BAM you can also use Provider Finder<sup>®</sup> to:

- Estimate the cost of up to 1,600 procedures, treatments and tests, including your out-of-pocket expenses
- View patient reviews
- See how industry experts rate your doctor
- Review providers' certifications and recognitions
- Rate your doctor or hospital after your visit

For basic provider searches, you can also access Provider Finder without logging in to BAM. Just visit **bcbsil.com** and click on the **Find a Doctor or Hospital** tab. Or, download the BCBSIL app at the App Store or Google Play.

If you need help finding a network provider or have questions about your benefits, call the toll-free number on the back of your ID card.



## Learn more about Blue Distinction.

Visit **bcbs.com/why-bcbs/blue-distinction/** or call the Customer Service number on the back of your member ID card.

\*Costs vary. Please see your benefit booklet for details.

Note: Designation as BDC means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call your local Blue Cross and Blue Shield Plan. Call your provider before making an appointment to verify the most current information on its network participation status. Neither Blue Cross and Blue Shield Association nor any of its licensees are responsible for any damages, losses or noncovered charges that may result from receiving care from a provider designated as a Blue Distinction Center.

225363.0721



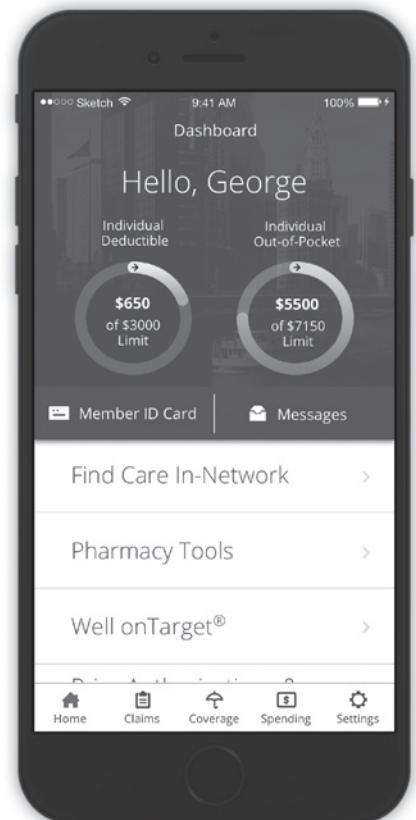
# We're with you wherever you go



To access your important Blue Cross and Blue Shield of Illinois (BCBSIL) health benefit information anywhere you go, download the BCBSIL App.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View or print your member ID card
- Log in securely with your fingerprint or face recognition
- View your Explanation of Benefits\*

**Text\*\* BCBSIL to 33633 to get the app.**



Available in Spanish

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

\*\* Message and data rates may apply. Terms and conditions and privacy policy at [bcbsil.com/mobile/text-messaging](http://bcbsil.com/mobile/text-messaging).

# Your Doctor Is In... Provider Finder<sup>®</sup>



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

Provider Finder from Blue Cross and Blue Shield of Illinois (BCBSIL) is a fast, easy-to-use tool that improves members' experience when they're looking for in-network health care providers. Plus, it can help them manage their out-of-pocket costs.

The updated Provider Finder platform has undergone intensive testing. The result is a better experience that will help members be smarter consumers of health care.

By going to **bcbsil.com**, members can login or create an account on Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) and use Provider Finder to:

- Find in-network providers, clinics, hospitals and drugstores.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Compare quality awards for doctors, hospitals and more.
- Read or add reviews for providers.
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.\*
- Find cost savings opportunities using the Medication Finder tool.



### Go Mobile with BCBSIL

Even on the go members can manage their ID cards and stay on top claims activity, coverage information and prescription refill reminders. It's easy: Log into or create a BAM account at **bcbsil.com** or text BCBSIL to 33633\*\* to download our mobile app.

\* Not all plans provide this information.

\*\* Message and data rates may apply. Terms and conditions and privacy policy are available at [bcbsil.com/mobile/text-messaging](https://bcbsil.com/mobile/text-messaging).





# Prescription Drug and Wellness Information





# A home delivery (mail order) pharmacy service you can trust.

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

## Savings and Convenience

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

## Support and Service

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



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

# Getting Started with Express Scripts® Pharmacy Mail Order

## Online and Mobile

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

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

## Over the Phone

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

## Through the Mail

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

## Talk to Your Doctor

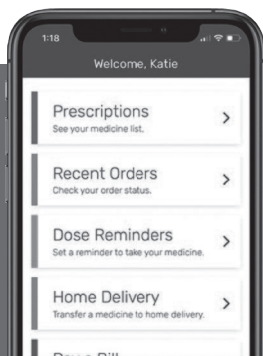
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.<sup>1</sup> You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call **888-327-9791** for faxing instructions or call the pharmacy at **833-715-0942**. If you need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

## Refills Are Easy

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

## Questions?

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



## Use the mobile app to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicines and more

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

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

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

# Q&A: Prescription Drug List

## What is a prescription drug list?

Your prescription drug benefit plan is based on the Blue Cross and Blue Shield of Illinois (BCBSIL) drug list. It is a list of drugs routinely reviewed and chosen based on the recommendations of a group of people from throughout the country who hold a medical or pharmacy degree. U.S. Food and Drug Administration (FDA)-approved drugs are chosen based on their safety, cost and how well they work.

The Enhanced Drug List is a smaller version of the Basic Drug List. It has mostly generic and select preferred brand drugs.

The Balanced Drug List, Performance Drug List, Performance Select Drug List and 2022 Drug List (for Metallic plans) show all covered drugs.

Major drug classes are covered on all drug lists. To learn more about your drug list, please call the number on your ID card.

## Why should I use the drug list?

Your prescription drug list has many levels of coverage, called tiers. Each tier has its own cost. As a rule, your copay/coinsurance amount will be less for covered drugs in the lower tier. For example, the cost for preferred brand drugs is often lower than for non-preferred brand drugs.

If your benefits are based on the Basic or Enhanced Drug List, most medicines may be covered that are not on the drug list, but you may pay more out of pocket. If your benefits are based on the Balanced Drug List, Performance Drug List, Performance Select Drug List or 2022 Drug List (for Metallic plans), medicines that are not shown on these drug lists are not covered. You will need to pay for the full cost of the medicine.

The drug list is a source for your doctor when prescribing medicines. But it is up to you and your doctor to decide the medicine that is best for you.

## Why use generic drugs?

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

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

The other side of this flier lists some commonly prescribed generic and preferred brand drugs. If a drug you are looking for is not on this flier, search the full drug list at [bcbsil.com/rx-drugs/drug-lists/drug-lists](https://www.bcbsil.com/rx-drugs/drug-lists/drug-lists) or call customer service at the number on your BCBSIL member ID card.

How much you may pay out of pocket will be based on your plan benefits and what tier the drug is on your drug list. To find out what you will pay, log in to your Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) account at [bcbsil.com](https://www.bcbsil.com) or call customer service at the number on your BCBSIL member ID card.

**Please note:** Drugs that call for a health care provider to give them to you (often in a hospital, doctor's office or other health care setting) may be covered under your health plan's medical benefit instead of your pharmacy benefits. These drugs are not on the drug list. If you have questions about these drugs, please call customer service at the number on your BCBSIL member ID card.

## What are dispensing limits?

Some drugs listed on the drug list may have additional requirements, or extra steps to take before getting your prescription filled. One of those requirements is dispensing limits. This means you may only be able to get a certain amount of your drug at one time. For example, the osteoporosis drug Actonel® (risedronate) can only be filled as 30 tablets per 30 days because the FDA-approved labeling recommends the dose of one 5 mg tablet taken daily by mouth.

## What if I have questions?

Call customer service at the number on your ID card, 24 hours a day, 7 days a week, or visit [bcbsil.com](https://www.bcbsil.com).



# April 2022 Commonly Prescribed Drugs

This list is a sample of commonly prescribed generic and preferred brand drugs. See the full and up-to-date BCBSIL prescription drug lists at [bcbsil.com/rx-drugs/drug-lists/drug-lists](https://www.bcbsil.com/rx-drugs/drug-lists/drug-lists). The online drug list (Balanced Drug List, Basic Drug List, Enhanced Drug List, Performance Drug List, Performance Select Drug List and 2022 Drug List for Metallic plans) may be changed as often as four times a year, based on your prescription drug benefit plan. Some online drug lists (Annual versions) may only be changed once a year, based on your plan benefits. The drug list may show medicines not covered under your prescription drug benefit plan. Also, prescription versions of over-the-counter (OTC) medicines may not be covered based on your plan. If you have questions about your benefits, call the number on your ID card.

## 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 tab  
amlodipine besylate-  
benazepril hcl cap  
amlodipine besylate-  
valsartan 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 HFA  
albuterol sulfate soln nebu  
albuterol sulfate syrup  
albuterol sulfate tab  
ANORO ELLIPTA  
ARNUITY ELLIPTA  
ASMANEX HFA  
BREO ELLIPTA  
BREZTRI AEROSPHERE  
budesonide inhalation susp  
COMBIVENT RESPIMAT  
DULERA  
FLOVENT DISKUS  
FLOVENT HFA  
INCRUSE ELLIPTA  
ipratropium bromide  
inhal soln  
ipratropium-albuterol  
nebu soln  
levalbuterol hcl soln  
nebu conc  
montelukast sodium  
QVAR REDHALER  
SEREVENT DISKUS  
SPIRIVA HANDIHALER  
SPIRIVA RESPIMAT  
STIOLTO RESPIMAT  
STRIVERDI RESPIMAT  
SYMBICORT  
terbutaline sulfate tab  
theophylline tab er 24hr  
TRELEGY ELLIPTA

VENTOLIN HFA  
zafirlukast tab

## CHOLESTEROL

atorvastatin calcium tab  
cholestyramine light  
powder packets  
colesevelam hcl  
colestipol hcl granule packets  
ezetimibe tab  
ezetimibe-simvastatin 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  
BAQSIMI ONE PACK  
FARXIGA  
glimepiride tab  
glipizide tab  
glipizide tab er 24hr  
glipizide-metformin hcl tab  
GLUCAGON EMERGENCY KIT  
glyburide micronized tab  
glyburide tab  
glyburide-metformin tab  
GLYXAMBI  
GVOKE HYPOPEN 1-PACK  
GVOKE PFS  
HUMULIN R U-500

JANUMET  
JANUMET XR  
JANUVIA  
JARDIANCE  
LEVEMIR  
metformin hcl tab  
metformin hcl tab er  
nateglinide tab  
NOVOLIN 70/30  
NOVOLIN N  
NOVOLIN R  
NOVOLOG  
NOVOLOG MIX 70/30  
pioglitazone hcl-metformin  
hcl tab  
pioglitazone hcl tab  
repaglinide tab  
RYBELSUS  
semglee/insulin YFGN  
SOLIQUA 100/33  
SYNJARDY  
SYNJARDY XR  
TRESIBA  
TRIJARDY XR  
VICTOZA  
XIGDUO XR  
XULTOPHY 100/3.6  
ZEGALOGUE



# Generic Drugs May Save You Money

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

## What is a generic drug?

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

## There are two types of generics:

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

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

## You may pay less for generic drugs.

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

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



*Be informed. Talk to your doctor. Start saving now.*





## Generics are available for many brand drugs

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

## Get the most from your pharmacy benefit.

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

- Ask your doctor to check the prescription drug list when recommending prescription drug options for you. Drugs on the list are chosen based on their safety, cost and how well they work.
- When you fill a prescription, use a contracting in-network pharmacy and show your member ID card.
- Go to **bcbsil.com** and log into **Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>)** for online pharmacy resources. You can get an estimate of your out-of-pocket cost for a prescription, view your claims history and more.

## What if I have questions?

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

If you have questions about your prescription drug benefit, see your plan materials, visit BAM or call the number on your ID card.

## Examples of Brand Products with Generic Equivalents or Alternatives<sup>1</sup>

Brand Name <sup>2</sup>	Generic Equivalent or Alternative
Acid Reflux Disease/Ulcer	
Aciphex, Dexilant, Nexium, Prevacid, Prilosec, Protonix, Zegerid	lansoprazole, omeprazole, omeprazole/ sodium bicarbonate, pantoprazole
Depression	
Celexa, Effexor, Effexor XR, Lexapro, Paxil, Paxil CR, Pristiq, Prozac, Zoloft, Wellbutrin/SR/XL	citalopram, bupropion, bupropion extended release, escitalopram, fluoxetine, fluoxetine delayed release, paroxetine, paroxetine extended release, venlafaxine, venlafaxine extended release
High Cholesterol	
Altoprev, Crestor, Lescor, Lescor XL, Lipitor, Pravachol, Tricor, Vytorin, Zetia, Zocor	atorvastatin, lovastatin, pravastatin, simvastatin
Niaspan	niacin extended release
High Blood Pressure	
Aceon, Altace, Atacand, Atacand HCT, Avalide, Avapro, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Hyzaar, Mavik, Micardis, Micardis HCT, Teveten, Univasc, Uniretic	benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril, all generic HCT combination products
Catapres-TTS	clonidine
Coreg, Inderal LA, Innopran XL, Toprol XL	atenolol, metoprolol, propranolol, sotalol, timolol
Norvasc	amlodipine, diltiazem, felodipine, isradipine, nicardipine, nifedipine, nimodipine, verapamil
Insomnia	
Ambien, Ambien CR, Edluar, Lunesta, Rozerem, Silenor, Sonata, Zolpimist	zaleplon, zolpidem

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

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





# Save Time and Money

## with the HMO 90-Day Supply Prescription Drug Program

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



Visit **bcbsil.com** or **myprime.com** to find an in-network retail or home delivery service pharmacy convenient for you. Log into Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) and click on **Prescription Drugs** in the **Quick Links** section. Then select **Find a Pharmacy**.

# HMO 90-Day Supply Prescription Drug Program



## To Purchase Your Long-Term Medicine at a “90-day” Retail Pharmacy

1. Ask your doctor for a prescription for a 90-day supply of each of your long-term medicines.
2. Take your prescription or have your doctor submit electronically to an in-network retail pharmacy.



## To Purchase Your Long-Term Medicine Through a Home Delivery Service Pharmacy

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



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

**If you have questions about the HMO 90-day supply program, call the pharmacy program number on the back of your ID card.**



# 24/7 Nurseline

## Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline\*.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.



Call the 24/7 Nurseline number on the back of your member ID card.

Hours of Operation:  
**Anytime**





# Blue365<sup>®</sup>

## 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](https://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<sup>®</sup> | Beltone<sup>™</sup> | 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<sup>SM</sup>

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<sup>®</sup> | Sun Basket | Nutrisystem<sup>®</sup>

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at [blue365deals.com/bcbsil](https://blue365deals.com/bcbsil).



### **Fitbit®**

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

### **Reebok | SKECHERS®**

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

### **InVite® Health**

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

### **Livekick**

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



### **eMindful**

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

**For more great deals, or to learn more about Blue365, visit [blue365deals.com/bcbsil](https://blue365deals.com/bcbsil).**

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

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

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



# Blue365®

## EyeMed Vision Discount Program

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to offer you a vision discount program through EyeMed Vision Care.

### What?

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

### Who?

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

### Where?

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

For more information about Blue365, log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) at **bcbsil.com**. Click the **Wellness** tab at the top.

### Referral?

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

### Program Features

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

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

**See all the Blue365 deals and learn more at [blue365deals.com/BCBSIL](https://blue365deals.com/BCBSIL).**

# EyeMed Vision Discounts

Vision Care Services		Cost
Exam with dilation as necessary:		\$50 routine exam \$10 off contact lens fit and follow-up
Complete Pair of Glasses Purchase: frame, standard plastic lenses, and lens options must be purchased in the same transaction to receive full discount		
Frames*		
Any frame available at provider location		35% off retail price
Standard Plastic Lenses*		
Single-vision		\$50
Bifocal		\$70
Trifocal		\$105
Lenticular		\$105
Standard Progressive		\$135
Premium Progressive		30% off retail price
Lens Options*		
UV Coating		\$12
Tint (Solid and Gradient)		\$12
Standard Scratch-resistance		\$12
Standard Polycarbonate		\$35
Standard Anti-reflective		\$40
Other Add-ons and Services		30% off retail price
* Items purchased separately will be discounted 20% off of the retail price.		
Contact Lens Materials (applied to materials only)		
Conventional		15% off retail price
Laser Vision Correction		
Lasik or PRK		15% off retail price or 5% off promotional price
Frequency		
Examination		Unlimited
Frame		Unlimited
Lenses		Unlimited
Contact Lenses		Unlimited

**For more information, visit [eyemedexchange.com/blue365](http://eyemedexchange.com/blue365)  
or call EyeMed's automated help line at 866-273-0813.**

Discounts are only available through participating vendors.

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

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

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.

A black and white photograph showing a person's hands holding a blood glucose meter and a test strip. The person is wearing a dark-colored shirt. The background is blurred.

# It's All About Diabetes

Living with diabetes can be a challenge. But maintaining close-to-normal levels of blood sugar has been shown to reduce the risk of diabetes-related problems. That's why monitoring your blood sugar levels with a blood glucose meter is important for managing diabetes.

## Choosing a Blood Glucose Meter

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

- How does the meter score for accuracy? Does it come with a control solution or test strip to check for accuracy?
- Does the meter fit in your backpack, supplies kit or purse?
- How skillful are you at handling those test strips? You might want to try a meter that uses cartridges instead of individual strips.
- How much blood does the meter require? Less is better.
- Do you want to download results to a computer or email them to your doctor's office?
- Interested in alternative site testing? There are meters that can test samples from various places on the body.

## Checking Your Blood Glucose

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

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

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

For more information about diabetes, go to **bcbsil.com**, log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) and click on 'Wellness' and then 'Diabetes' articles. Blue Cross and Blue Shield of Illinois (BCBSIL) offers certain blood glucose meters to members with diabetes at no additional charge.



# Glucose Meters Are Available to You

BCBSIL is offering you a choice of the blood glucose meters below at no additional charge for a limited time to help you manage your condition. This offer is available through March 31, 2023.\*\*

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

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

## CONTOUR®NEXT Blood Glucose Monitoring Systems

To order a CONTOUR NEXT meter to be shipped directly to you, call **800-401-8440** and use the ID code **BDC-HCS**. You can also take the coupon below to an in-network pharmacy to pick up the meter (check **myprime.com** for a list of pharmacies if you have BCBSIL prescription drug coverage).

### CONTOUR NEXT ONE Blood Glucose Monitoring System

- Proven accurate results and easy to use<sup>1,2\*</sup>
- Receive immediate results on your Bluetooth®-connected smart phone or tablet
- smartLIGHT feature<sup>3</sup> shows results as easy as red, yellow, green
- Download the free CONTOUR® DIABETES app to get your results right on your compatible Android or iOS smartphone or tablet. Visit **compatibility.contourone.com** for a list of compatible devices

### CONTOUR NEXT EZ Blood Glucose Monitoring System

- The easy-to-use features you want with the proven accuracy<sup>1,2</sup> you expect
- Ready to test, right out of the box
- Easy-to-read display

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



**ACT NOW!**

**FREE<sup>†</sup> CONTOUR®NEXT portfolio meter**

**Visit your local pharmacy to get your free meter today.**

This coupon is part of the Ascensia Diabetes Care Free Meter Program. This coupon must be accompanied by a prescription. If none on file, please contact the physician. Please dispense one CONTOUR®NEXT ONE or CONTOUR®NEXT EZ meter at no charge to the patient. Transmit the claim online to RxSolutions. This coupon is valid for one fill only, and refills will not be authorized. Processor requires Valid Prescriber ID#, Patient Name, and DOB to adjudicate claim. Please remove the ID# from the patient profile after claim is processed. For assistance in filing this claim, please call the Help Desk at 1-855-282-4888.

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

<b>RxBin #</b>	018844
<b>PCN #</b>	3F
<b>Group #</b>	MGDCARE
<b>ID #</b>	CNMC7246982
<b>Exp. Date</b>	3/31/2023

1. Christiansen, M. et al. A New, Wireless enabled Blood Glucose Monitoring System That Links to a Smart Mobile Device: Accuracy and User Performance Evaluation. Journal of Diabetes Science and Technology. 2017, Vol. 11(3) 56-573.

2. Bernstein, R. et al. A new test strip technology platform for self-monitoring of blood glucose. Journal of Diabetes Science and Technology. 2013; 7(5):1386-1399.

3. CONTOUR NEXT ONE User Guide. 2017, pg 22.

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

\*\* Offer valid for qualified patients with diabetes and subject to availability. Limitations and restrictions apply. While supplies last. Void where prohibited. This offer must be accompanied by a prescription. Ascensia Diabetes Care reserves the right to change or terminate this program at any time without notice. Products provided as a free sample may not be resold or submitted to any federal/state insurance or 3rd Party payer for reimbursement. Limit one meter per person.

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

RESTRICTIONS: Offer not valid for prescriptions reimbursed under Medicaid, Medicare drug benefit plan, Tricare or other federal or state health programs (i.e. medical assistance programs). If patient is eligible for drug benefits under any such program, offer not valid.

Third-Party brand names are the property of their respective owners. MyPrime.com is an online resource offered by Prime Therapeutics LLC, a pharmacy benefit manager contracted by Blue Cross and Blue Shield of Illinois to administer prescription drug benefits.

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](http://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.

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**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/](http://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.

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**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.

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**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.*

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

- Marketing purposes
- Sale of your information

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**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.

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**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.*

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**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.*

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**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.*

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**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.*
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## 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](http://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

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

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

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

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

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

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### 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.

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### CONTACT INFORMATION FOR THESE NOTICES

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

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

- Call us by using the toll-free number located on the back of your member identification card.
  - Call us at 1-877-361-7594.
  - Write us at Privacy Office Divisional Vice President  
Blue Cross and Blue Shield of Illinois  
P.O. Box 804836  
Chicago, IL 60680-4110
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**REVIEWED: January 2020**

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**Health care coverage is important for everyone.**

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

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

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

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

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

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

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

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
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 تساعدك أسئلة، فلدك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية 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. કાયદકમ 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 કોલ 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 bika anánílwo'ígíí, na'ídlíkidgo, ts'ídá bee ná ahóótí'i' t'áá níí'k'e níká a'doolwoł dóó bina'ídlíkidgíí bee ní h odoonih. Ata'dahalne'ígíí bich'í' hodiílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی 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 jakiegokolwiek 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 کر رہے 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**

# Group Enrollment Application | Change Form

Please read the instructions on the inside thoroughly before completing this enrollment application/change form.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association Life and Disability insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS,® BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



# ENROLLMENT APPLICATION/CHANGE FORM INSTRUCTIONS

PLEASE READ THOROUGHLY BEFORE COMPLETING ENROLLMENT APPLICATION/CHANGE FORM

**Use a black or blue ballpoint pen only. Print neatly. Do not abbreviate.**

## SECTION 1 ENROLLMENT EVENTS

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

**New Enrollee:** Complete all sections where applicable.

**Add Dependent:** Complete all sections where applicable.

- If you are applying for coverage for a disabled dependent over the age limit of your employer's plan, please provide the additional information requested in Section 5. Additional documentation may be required as addressed in that section.
- If your employer offers coverage for children and your children are eligible, your children are eligible for health and/or dental coverage up to the dependent limiting age and may not be denied coverage due to marital, student or employment status before age 26 (check with your employer for additional details regarding eligibility requirements). In addition, eligible military personnel may not be denied coverage before age 30 under Illinois law. If you are adding an eligible military personnel dependent who is over the age limit of the employer's plan, completion of a Defense Department Form (DD 214) is required in addition to this application.

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

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

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

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

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

## SECTION 2 YOUR INFORMATION

Complete this section with details about yourself even if you are declining coverage.

## SECTION 3 YOUR COVERAGE

Complete all portions related to the coverages for which you are applying. Please list the seven character plan ID for your selected benefit design (example: S533PPO) in the plan # field. If you are unsure of your group size or do not know your plan ID, please ask for guidance from your employer.

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

## SECTION 4 COVERAGE OPTIONS

Complete all areas that apply to you and each dependent.

**For HMO Plans Only:**

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

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

**Change Address/Name:** Complete Section 1 and check the "Other Change(s)" box; then, complete Sections 2 and 9.

## SECTION 5 DISABLED DEPENDENT

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

## SECTION 6 OTHER COVERAGE

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

## SECTION 7 MEDICARE COVERAGE

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

## SECTION 8 DECLINATION OF COVERAGE

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

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

## SECTION 9 COVERAGE CONDITIONS

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

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

\* The term "marriage" includes legal marriage and the establishment of a civil union or domestic partnership (coverage subject to your employer's plan).

\*\* The term "divorce" includes legal divorce and the comparable termination of a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "spouse" includes a legal spouse and a party to a civil union or domestic partnership (coverage subject to your employer's plan).

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

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

## Category

232320.0919

Last Name:

Social Security #:

—

—

Group # 

## SECTION 4 — COVERAGE OPTIONS

## PLEASE COMPLETE ALL AREAS THAT APPLY

(If you are adding an eligible military personnel dependent who is over the age limit of your employer's plan, completion of a Defense Department Form 214 (DD 214) is required in addition to this application.)

Employee/Enrollee's Name		PCP Name PCP #		IPA Name IPA #	
WPHCP Name WPHCP #		New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N	HMO OB/GYN Name (optional)		HMO OB/GYN #
Dependent's Name <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Party to a Civil Union		Dependent's PCP Name		PCP #	New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N
IPA Name IPA #		WPHCP Name WPHCP #		HMO OB/GYN Name (optional) HMO OB/GYN #	
Dependent's Social Security # — —		Birth Date (MM/DD/YYYY)	Home Address (if different) Street/City/State/ZIP code		
Dependent's Name <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Eligible Dependent		Dependent's PCP Name		PCP #	New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N
Birth Date (MM/DD/YYYY)	Home Address (if different) Street/City/State/ZIP code		Is this dependent a natural child, stepchild, foster child, adopted child or a child in suit for adoption? <input type="checkbox"/> Y <input type="checkbox"/> N	If not your eligible natural child, stepchild, foster child, adopted child or child in suit for adoption, are you (or your spouse) responsible for this dependent? <input type="checkbox"/> Y <input type="checkbox"/> N	
Dependent's Social Security # — —		IPA Name IPA #		HMO OB/GYN Name (optional) HMO OB/GYN #	
Dependent's Name <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Eligible Dependent		Dependent's PCP Name		PCP #	New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N
Birth Date (MM/DD/YYYY)	Home Address (if different) Street/City/State/ZIP code		Is this dependent a natural child, stepchild, foster child, adopted child or a child in suit for adoption? <input type="checkbox"/> Y <input type="checkbox"/> N	If not your eligible natural child, stepchild, foster child, adopted child or child in suit for adoption, are you (or your spouse) responsible for this dependent? <input type="checkbox"/> Y <input type="checkbox"/> N	
Dependent's Social Security # — —		IPA Name IPA #		HMO OB/GYN Name (optional) HMO OB/GYN #	
Dependent's Name <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Eligible Dependent		Dependent's PCP Name		PCP #	New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N
Birth Date (MM/DD/YYYY)	Home Address (if different) Street/City/State/ZIP code		Is this dependent a natural child, stepchild, foster child, adopted child or a child in suit for adoption? <input type="checkbox"/> Y <input type="checkbox"/> N	If not your eligible natural child, stepchild, foster child, adopted child or child in suit for adoption, are you (or your spouse) responsible for this dependent? <input type="checkbox"/> Y <input type="checkbox"/> N	
Dependent's Social Security # — —		IPA Name IPA #		HMO OB/GYN Name (optional) HMO OB/GYN #	

## SECTION 5 — DISABLED DEPENDENT

## PLEASE COMPLETE IF APPLICABLE

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

## SECTION 6 — OTHER COVERAGE INFORMATION

## PLEASE COMPLETE ALL AREAS THAT APPLY

Complete this section only if you or any of your dependents have other health and/or dental coverage **that will not be canceled** when the coverage under this application becomes effective. **List names of each individual covered:**

Group Coverage <input type="checkbox"/> Y <input type="checkbox"/> N	Individual Coverage <input type="checkbox"/> Y <input type="checkbox"/> N	Name and Address of Other Insurance Carrier	Effective Date (MM/DD/YYYY)	Type of Policy <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child(ren) <input type="checkbox"/> Family
Name of Policyholder		Birth Date (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Applicant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Employer's Name	Employment Date (MM/DD/YYYY)	Health Group #	Health ID #	Dental Group # Dental ID #

## SECTION 7 — MEDICARE COVERAGE INFORMATION

## PLEASE COMPLETE IF APPLICABLE

Name of person covered:	Medicare A (Hospital) Effective Date: _____	End Date: _____	Medicare HIC # (From Medicare Card)
	Medicare B (Medical) Effective Date: _____	End Date: _____	
	Medicare D (Drug) Effective Date: _____	End Date: _____	
	Medicare D (Drug) Carrier: _____		
Please indicate reason for Medicare Eligibility: <input type="checkbox"/> Entitled Age <input type="checkbox"/> Entitled Disability <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Disability and Current Renal Disease			
Name of person covered:	Medicare A (Hospital) Effective Date: _____	End Date: _____	Medicare HIC # (From Medicare Card)
	Medicare B (Medical) Effective Date: _____	End Date: _____	
	Medicare D (Drug) Effective Date: _____	End Date: _____	
	Medicare D (Drug) Carrier: _____		
Please indicate reason for Medicare Eligibility: <input type="checkbox"/> Entitled Age <input type="checkbox"/> Entitled Disability <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Disability and Current Renal Disease			



**SECTION 8 — DECLINATION OF COVERAGE PLEASE COMPLETE IF YOU ARE DECLINING COVERAGE**

This is to certify the available coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage.

Name <input type="checkbox"/> Employee	Reason for declining <b>Health</b> : <input type="checkbox"/> Other Group Health Coverage – Carrier: _____ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage – Carrier: _____ <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage
Name <input type="checkbox"/> Employee	Reason for declining <b>Dental</b> : <input type="checkbox"/> Other Group Dental Coverage <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual Dental Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage
Name <input type="checkbox"/> Spouse	Reason for declining: <input type="checkbox"/> Other Group Health Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage
Name <input type="checkbox"/> Dependent	Reason for declining: <input type="checkbox"/> Other Group Health Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage
Name <input type="checkbox"/> Dependent	Reason for declining: <input type="checkbox"/> Other Group Health Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage

**SECTION 9 — COVERAGE CONDITIONS**

- I am an employee or a retiree of the employer named in this enrollment application. I am eligible to participate in the coverage(s) afforded by my employer's plan, which is either underwritten or administered by Blue Cross and Blue Shield of Illinois or Dearborn Life Insurance Company. On behalf of myself and any dependents listed on this enrollment application, I apply for those coverage(s) for which I am eligible. I state that the information given on this enrollment application is true and correct. I understand and agree that any intentional misrepresentation of a material fact made by me will invalidate my coverage(s).
- Only those coverage(s) and amounts for which I am eligible will be available to me. I understand that if this enrollment application is accepted, the coverage(s) will become effective in accordance with the provisions of the Contract(s)/Plan(s).
- I agree that my employer acts as my agent. I authorize necessary payroll deduction by my employer, if any, to cover the cost of my coverage(s).
- I understand that my participation in the coverage(s) is subject to any future amendment. I also understand that all notices given to my employer are applicable to me.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Life and Disability Insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS® BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

**Health care coverage is important for everyone.**

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

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

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

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

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

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

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

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
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.

العربية Arabic	إن كان لديك أو لدى شخص تساعدك أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية 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.
Ελληνικά Greek	Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 855-710-6984.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય અવા કોઈ બાજુ વ્યક્તને અસુબા અમ કાયકમ 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 કોલ કરો.
हिंदी Hindi	यादि आपके, या आप जिसको 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 काल 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 ní, éí doodago ła'da bika' anáníłwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níłk'e níka' a'doolwoł dóo bina'ídíłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíłłnih kwe'é 855-710-6984.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek 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.
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.
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 کر رہے 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.





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