



BlueCross BlueShield of Illinois



## Enrollment Guide

Metropolitan Water Reclamation District  
HMO, PPO, Rx  
January 1, 2024

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 PPO Plan

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

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

### PPO Network

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

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

### Medical Care

Your benefits may include coverage for\*:

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

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

# 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>

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## 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

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## 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>1</sup>"Freestanding ED 101: What you need to know" July 2016, The Advisory Board Company.

<sup>2</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>3</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 HMO Illinois<sup>®</sup> Plan

**HMOs offer valuable benefits with the security of predictable copayments.**

The HMO Illinois plan from Blue Cross and Blue Shield of Illinois provides valuable benefits, member services and flexibility, along with the security of predictable copayments so there are no financial surprises.

When you join HMO Illinois, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP).

Your PCP provides or coordinates your health care, helps you make informed decisions and, when necessary, makes referrals to specialists who are usually within your medical group network. Each specialist referral is authorized for a specific number of visits or timeframe (up to one year).

In addition to their PCP, female members also have the option of choosing a woman's principal health care provider (WPHCP) to provide or coordinate their health care services. 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.

## **The HMO Illinois Network**

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



## Medical Care

The range of benefits includes coverage for:

- Physician office visits
- Outpatient surgery and diagnostic tests
- Breast cancer screening
- Cervical cancer screening
- Prostate cancer screening
- Colon cancer screening
- Inpatient hospital services
- Maternity care
- Outpatient hospital services
- Mental health and substance abuse – inpatient and outpatient treatment (**Note:** Physicians Care Network (PCN), Inc. members' mental health care is directly coordinated with the network behavioral health provider.)
- Rehabilitative therapy (such as physical, speech and occupational therapy)
- Inpatient and outpatient treatments

To find a medical group and PCP in the network, go to **bcbsil.com** and use the Provider Finder® or refer to a printed directory. You can request a directory by calling Customer Service at the toll-free number listed on 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 HMO 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 listed on your member ID card for more information.

## BlueCard®

If you are traveling outside of Illinois for short periods of time (less than 90 consecutive days), and you need urgent or emergency care, you can use the BlueCard program. In an emergency, go directly to the nearest hospital or call 911 (if it is available in your location). Notify your PCP or BCBSIL about your visit within 48 hours, if possible. For more information about your BlueCard benefits, please call the toll-free Customer Service number listed on your member ID card.

## Guest Membership

This program covers members who are living out of the participating service area for at least 90 consecutive days. You can become a guest member with full benefits through a Blue Cross and Blue Shield HMO in another state. Guest membership is a particularly valuable benefit for covered students who are living out of state while attending school or for members on extended travel out of state. To find out if guest membership is available at your destination or to sign up with a host Blue Cross and Blue Shield HMO in another state, you must call Customer Service before leaving home or before receiving any out-of-state services. If not, there will be no coverage for services received out of state. After applying, if you plan to continue with guest membership, you must renew it after a defined period of time.

## 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. When a medical emergency occurs, we recommend you first try to call your PCP. Someone from your medical group is available 24 hours a day, seven days a week. Your PCP or another doctor in your medical group may be able to treat you in the office. If you are unable to call your PCP, go directly to the nearest hospital emergency room and notify your PCP as soon as possible.

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

### Reconstructive Surgery

Federal and State of Illinois legislation require that group health plans and health insurers provide coverage for reconstructive surgery following a mastectomy. These laws state that health plans 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.

HMO Illinois covers these procedures and annual mammograms when ordered by a member's primary care physician 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

HMO Illinois 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 Abuse Treatment

Substance abuse treatment is provided at contracting facilities and a PCP referral is not needed. Call the number on the back of your ID card to locate a participating substance abuse provider.



**If you have a question, visit [bcbsil.com](http://bcbsil.com) or call Customer Service at 800-892-2803.**



# Other Benefits for Non-HMO Plans

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

## Preventive Care

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

## Emergency Care

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

## National Coverage

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

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

- Visit the website at **bcbsil.com** 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
- Get your digital member ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Sign up for text or email alerts

## It's easy to get started.

Use your member ID card to create a BAM account at **bcbsil.com**, or text\* **BCBSILAPP** to **33633** to download our mobile app.



Scan this QR code to visit **bcbsil.com**.





# 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).

# Your Rights and Responsibilities

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

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

| Access to Care  |   |
|---|---|
| You have the right to:  | You have the responsibility to:   |
| Have your PCP provide or authorize the covered services of your benefit plan that are medically necessary, as defined in your plan, for your health care.   | Obtain services from or through your PCP or within your medical group.<br><br>Notify your PCP of any care or treatment received outside of your medical group, without your PCP's authorization or outside of the HMO network.<br><br>Be familiar with the requirements of your plan and know your financial obligations if care or treatment occurs without PCP authorization or outside of the HMO network. |
| Reasonable access to appropriate medical services based on your level of need. You also have the right to speak promptly with a physician or other provider when illness occurs.  | Keep scheduled appointments or give adequate notice of delay or cancellation.   |
| Care from a specialist when medically necessary, as defined in your plan.<br><br>When this care is authorized by your PCP, you will receive the maximum level of benefits available.<br><br>If your PCP determines specialist services are not required, you have the right to be informed of the reason and an alternative plan, as well as the right to appeal if you do not agree. | Discuss your questions and concerns about specialty care with your PCP and other health care providers.   |
| Emergency care in any hospital emergency room 24 hours a day.   | Contact your PCP, medical group or other health care provider as soon as possible after treatment for an emergency to coordinate follow-up care with your PCP or other health care provider.  |
| Mental health and substance abuse treatment.  | Contact your PCP or medical group for a referral.   |

# Your Rights and Responsibilities

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

# Who Should You Call?

With your Illinois HMO benefit plan, you have chosen a medical group. It's important to know when to call the medical group and when to call customer service.



## Call your medical group to:

- Request a new referral to see a specialist or check status on an existing referral
- Choose or change your primary care physician
- Get contracted specialist lists
- Find immediate/urgent care choices and locations
- Get referrals or general information for behavioral health services

## Call Blue Cross and Blue Shield of Illinois (BCBSIL) customer service to:

- Ask questions about your benefit plan
- Sign up for guest membership, for out-of-area coverage when you travel or temporarily live out of state
- Discuss a concern about the care you received or file an appeal
- Change your address (employer notification may also be required)
- Get more information about a bill you received from a provider
- Change your medical group
- Order a temporary or replacement ID card

## Member Support



You can call your **medical group** at the number listed on the front of your ID card.



You can also call **BCBSIL customer service** at the toll-free number listed on the back of your ID card to talk to a representative in English or Spanish or use the automated prompts. We also have over-the-phone interpretation of more than 140 other languages, including French, Korean, Polish and Russian.



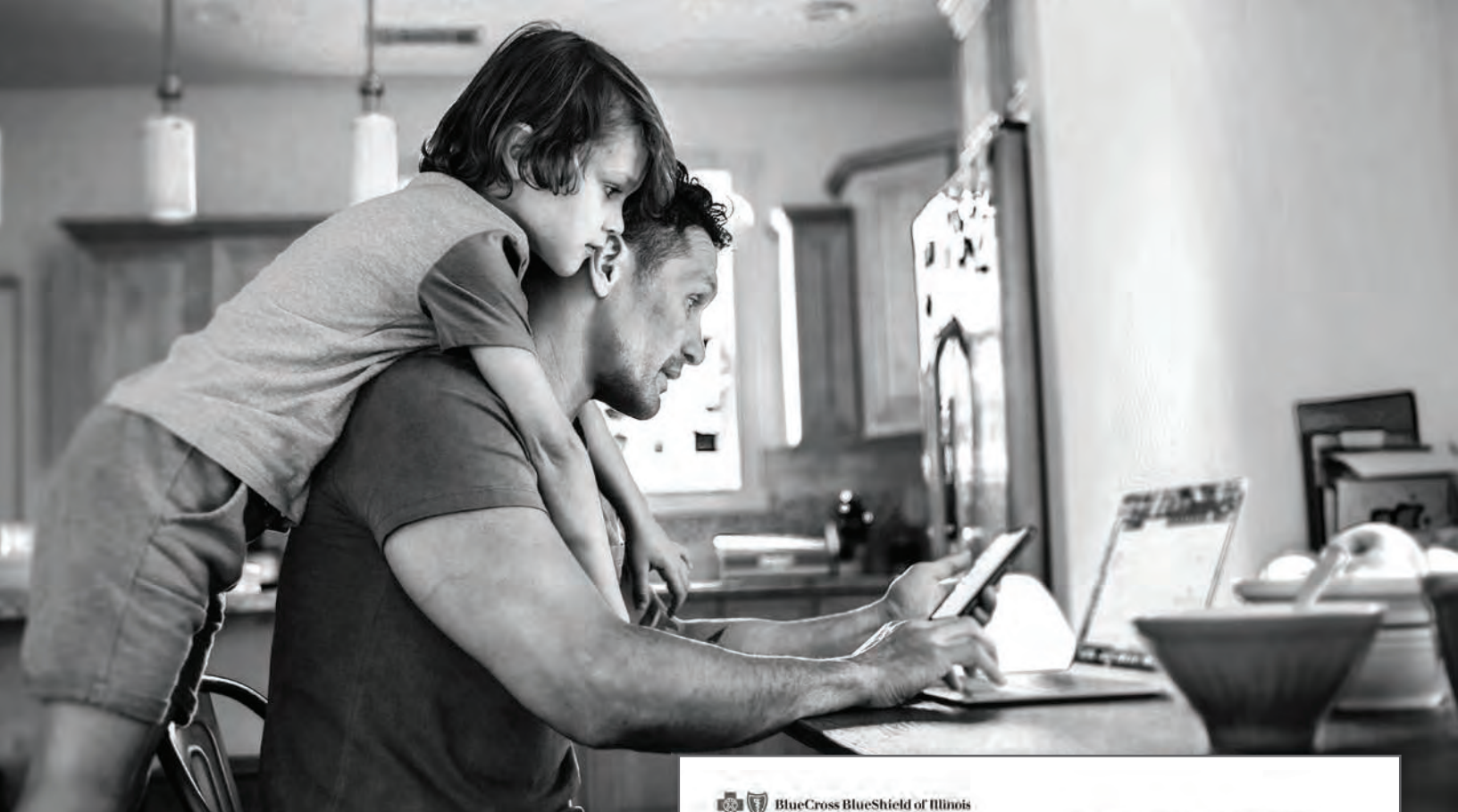
Another easy way to access health benefits information is through **Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>)**. Visit **bcbsil.com** to use BAM. Once signed up (all you need are your group and ID numbers, found on your member ID card), you can use the site to change your medical group, check claims, request a replacement ID card and find network doctors and hospitals.

The health support on hand through BAM gives you information and tools to help you care for or improve your health, understand and manage a health issue and make more informed health care decisions.



Or, download the BCBSIL app at the App Store or Google Play.






# 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 60660-7344

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

Sample

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

**EXPLANATION OF BENEFITS**  
Log into Blue Access for Members™ at [bcbsil.com](http://bcbsil.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

Text\* BCBSILAPP to 33633 to download the mobile app.  
Have questions about this EOB? Customer Advocates are here to help! XXX-XXX-XXXX

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\* BCBSILAPP to 33633 to download the app. You can also go digital by logging in at [bcbsil.com/member](http://bcbsil.com/member). Go to My Account and choose Profile and Preferences, then click 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 [bcbsil.com](http://bcbsil.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.  
**Copayment:** 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.

\*Messages and data rates may apply. Terms & Conditions and Privacy Policy: [bcbsil.com/member/account/access/mobile/text\\_messaging](http://bcbsil.com/member/account/access/mobile/text_messaging)  
Blue Cross and Blue Shield of Illinois provide information (claims payment) services only and does not, nor does any subsidiary, research and/or investigate with respect to claims.  
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



**CLAIM DETAIL (1 OF 1)**
**PATIENT:** JOHN SMITH **D**
**PROVIDER:** RALPH JOHNSTON M.D. **E**
**CLAIM #** XXXXXXXXXXXXX

# Sample

**DATE PROCESSED:** 06/20/2022

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

Member ID#: XXXXXXXX777V Group #: 000012345

Customer Advocates are here to help! 8XXX-XXX-XXXX

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

|   |                   |
|---|-------------------|
| Amount Billed   | \$7,850.00        |
| Discounts and Reductions  | - \$3,930.00      |
| Health Plan Responsibility                                      | - \$2,219.00      |
| <b>O<sup>3</sup> Paid from your HCA Account</b>                 | <b>-\$0.00</b>    |
| <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 | Amount Billed <b>G</b> | Discounts and Reductions <b>H</b> | Amount Covered (Allowed) <b>I</b> | Health Plan Responsibility <b>J</b> | Deductible Amount <b>K</b> | Copay Amount <b>L</b> | Coinsurance <b>M</b> | Amount Not Covered <b>N</b> | Your Total Costs <b>O</b> |
| Surgical Charges    | 04/04/2022    | 4,000.00               | (1) 1,800.00                      | 2,200.00                          | 960.00                              | 1,000.00                   |                       | 240.00               |                             | 1,240.00                  |
| Recovery Room       | 04/04/2022    | 900.00                 | (1) 410.00                        | 490.00                            | 392.00                              |                            |                       | 98.00                |                             | 98.00                     |
| Med/Surg Supplies   | 04/04/2022    | 300.00                 | (1) 140.00                        | 160.00                            | 128.00                              |                            |                       | 32.00                |                             | 32.00                     |
| Med/Surg Supplies   | 04/04/2022    | 100.00                 |                                   |                                   |                                     |                            |                       |                      | (2) 100.00                  | 100.00                    |
| Laboratory Services | 04/04/2022    | 1,200.00               | (1) 820.00                        | 380.00                            | 304.00                              |                            |                       | 76.00                |                             | 76.00                     |
| Laboratory Services | 04/04/2022    | 400.00                 | (1) 270.00                        | 130.00                            | 72.00                               |                            | 50.00                 | 8.00                 |                             | 58.00                     |
| MRI Outpatient      | 04/04/2022    | 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 06-20-22.** **J<sup>2</sup>**
**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.

**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 - Benefit Period: 01-01-22 Through 12-31-22 To date this patient has met \$2,900.00 of her/his \$2,900.00 Out-of-pocket Expense.

Benefit Period: 01-01-22 Through 12-31-22 To date \$3,870.78 of the Family \$5,800.00 Out-of-pocket Expense has been met.

## 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 details the amount shown in O<sup>2</sup>, and is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments up front. It also includes amounts not covered by your health plan (N). It does not include charges that a non-participating provider may bill you. If your benefits feature a Health Care Account (HCA), or other Health Savings Account (HSA), any payments from those accounts will be reflected in this line (O<sup>3</sup>). HCAs and HSAs do not apply to all benefit plans.

### 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.** See discounts and reductions (H), and any amounts that aren't covered (N).

**Q.** 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\* **BCBSILAPP to 33633** to download the mobile app.

\* Message and data rates may apply. See terms and conditions and our privacy policy at [bcbasil.com/member/account-access/mobile/text-messaging](https://www.bcbasil.com/member/account-access/mobile/text-messaging).

EOB samples are for illustrative purposes only. Not all EOBs are the same. The format and content of an EOB depends on your benefit plan and the services provided.

20154.0523

# We're with you wherever you go



## Download the Blue Cross and Blue Shield of Illinois (BCBSIL) App to manage your health wherever you are.

- 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

## Then, Manage Your Preferences

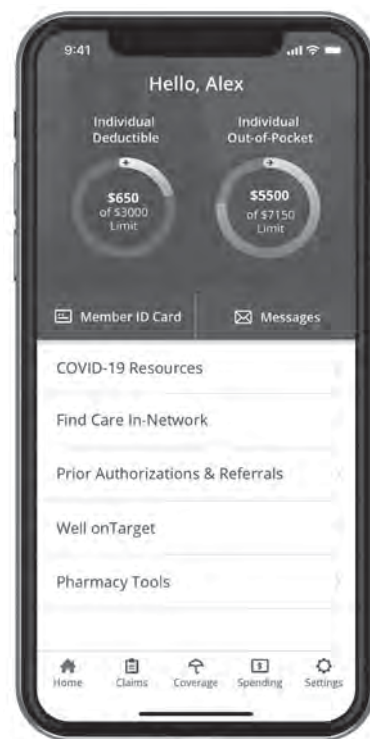
### In the BCBSIL App:

- Update your profile with your mobile number.
- Set your notification preferences to text.

## Choose the messages and information you want to get:

- Claims, prior authorization or referral updates
- New documents to review
- Secure message notifications
- Find out about new benefits and services

**Ready to get started?** Text **BCBSILAPP** to **33633\*\*** to get the app.



Available in Spanish



\* Availability varies by device.

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







## Do You Need Specialty Medications?



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

Specialty drugs are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may only be stocked by select pharmacies.

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

Your plan may require you to get your self-administered specialty drugs through Accredo or another in-network pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.<sup>2</sup> Your doctor may also order select specialty drugs that must be given to you by a health professional through Accredo.

# Do You Need Specialty Medications?

## Examples of Self-administered Specialty Medications

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

| Condition            | Sample Medications <sup>3</sup>                      |
|----------------------|--|
| Autoimmune Disorders | Cosentyx, Enbrel, Humira, Xeljanz                    |
| Osteoporosis         | Forteo, Tymlos                                       |
| Cancer (oral)        | Gleevec, Nexavar, Sprycel, Sutent, Tarceva           |
| Growth Hormones      | Norditropin Flexpro, Nutropin AQ, Omnitrope          |
| Hepatitis C          | Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi |
| Multiple Sclerosis   | Betaseron, Copaxone, Rebif                           |

## Support in Managing Your Condition: Accredo

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

- One-on-one counseling from 500+ condition-specific pharmacists and 600+ nurses
- Simple communication, including refill reminders, by your choice of phone, email, text or web<sup>4</sup>
- An online member website to order refills, check order status and track shipments, view order and medication history, set profile preferences and learn more about your condition
- A mobile app that lets you refill and track prescriptions, make payments and set reminders to take your medicine<sup>4</sup>
- Free standard shipping
- 24/7 support

## Ordering Through Accredo

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

Once registered, you can manage your prescriptions on [accredo.com](https://accredo.com) or through the mobile app.

## Receiving Specialty Medications

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

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

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered<sup>5</sup>
- Discuss any changes in your condition or answer any questions about your health<sup>5</sup>

## One-on-One Support

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

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

1. Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

2. The BCBSIL specialty pharmacy network includes Accredo as well as other in-network specialty pharmacies for select specialty drugs. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for Members™ (BAM™) account to find an in-network specialty pharmacy near you.

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

4. Not all medicines can be refilled on the app, by text or email.

5. Treatment decisions are between you and your doctor.

Accredo is contracted to provide services for BCBSIL. Accredo is a trademark of Express Scripts Strategic Development, Inc.



# 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**



# Experience Wellness Your Way

Well onTarget® gives you the tools and resources to create your personal journey — no matter where you may be on your path to wellness.

Well onTarget can give you the support you need to make healthy choices — while rewarding you for your hard work.

## Member Wellness Portal

The heart of Well onTarget is the member portal, available at [wellontarget.com](http://wellontarget.com)\*. It links you to a suite of inviting programs and tools.

- **Health Assessment (HA)**<sup>1</sup>: The HA presents a series of questions to learn more about you. After you take the HA, you will get a personal and confidential wellness report. The report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals. If you choose, you can share this report with your health care provider.
- **Self-Management Programs**: These programs let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, managing stress and more. Track your progress as you make your way through each lesson. Reach your milestones and earn Blue Points<sup>SM, 2</sup>.

Start experiencing the wellness portal today. Go to [wellontarget.com](http://wellontarget.com).

Well onTarget®

\*Members can use their Blue Access for Members<sup>SM</sup> credentials to access the [wellontarget.com](http://wellontarget.com) site.

- **Online Wellness Challenges:** Challenge yourself to meet your wellness goals.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.
- **Fitness Tracking:** Track your fitness activity using popular fitness devices and mobile apps.
- **Blue Points Program:** Blue Points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points in the online shopping mall.<sup>3</sup>
- **Health and wellness content:** Reader-friendly articles about conditions and medicines.

## Fitness Program

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

Other program perks include:

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

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

## Wellness Program Questions?

Call Customer Service at **877-806-9380**.



## Take Wellness on the Go

Check out the AlwaysOn Wellness mobile app, available for iPhone® and Android™ smartphones. It can help you work on your health and wellness goals — anytime and anywhere.

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

2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at [wellontarget.com](http://wellontarget.com) for further information.

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

4. Taxes apply. Individuals must be at least 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can log in and join through the primary member's account as an "additional member."

The Fitness Program is provided by Tivity Health™ Services, LLC, an independent contractor which administers the Prime® Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers. Prime is a registered trademark of Tivity Health, Inc. Tivity Health is a trademark of Tivity Health, Inc.

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





# Are You Living a Healthy Lifestyle?

## Take the Health Assessment and Find Out

### **Answer a few questions to get your wellness report.**

By keeping track of your goals and monitoring your current health status, you have a greater chance of seeing those goals through to completion. Your Health Assessment is the suggested starting point once you've registered on the portal. See logon instructions on page two.

### **Can you spare some time for your health?**

It's easy. You'll be asked a variety of basic lifestyle questions. Share some details about your diet, exercise, sleep and other daily activities.<sup>1</sup>

### **You'll get feedback immediately.**

Discover your healthiest habits along with top risks and strengths revealed in your Personal Wellness Report.

You can explore helpful tips, strategies and personalized digital tools to jump start your health journey.

After you log in, watch the Welcome video to learn more about the portal and valuable resources including: self-management programs, fitness and nutrition device integration, personal challenges and more.

You'll stay motivated by tracking your progress using the health trackers and self-progress check-in tools to help reach your personal health goals.

Well onTarget®

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

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

### Get started today.

You can earn 2,500 Blue Points<sup>SM2</sup> for taking your HA. With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall, which provides a wide variety of merchandise. Follow these simple steps to get started:

1. **Visit [wellontarget.com](http://wellontarget.com) and log in.** If you have an existing Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) account, use your BAM username and password. If you aren't a registered user yet, click "Register Now" to create an account.
2. **If you have not taken your HA, there will be a pop-up notification after you log in.** You can also take your HA by clicking on "Start" in the "Health Assessment" box at the top of your dashboard. Once you have completed the HA, your reports will be available in this section.

### How will the Health Assessment be personalized?

You will begin by answering a few basic questions. Then, you'll answer more detailed questions based on your answers to the first set of questions. Your health status and lifestyle will determine which questions you will be asked.

Your answers will help tailor the Well onTarget Member Wellness Portal with programs that could help you reach your health goals. You can take the HA twice a year to check your progress and earn Blue Points.



### Take Your Health Assessment on the Go

Check out the Well onTarget mobile app (AlwaysOn), available for iPhone® and Android™ smartphones. You can complete your HA and work on your health and wellness goals — anytime and anywhere.



### What should I do with my results?

After completing the HA, you will receive a confidential Personal Wellness Report. This can show you how you are doing currently and where and how you can improve.

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

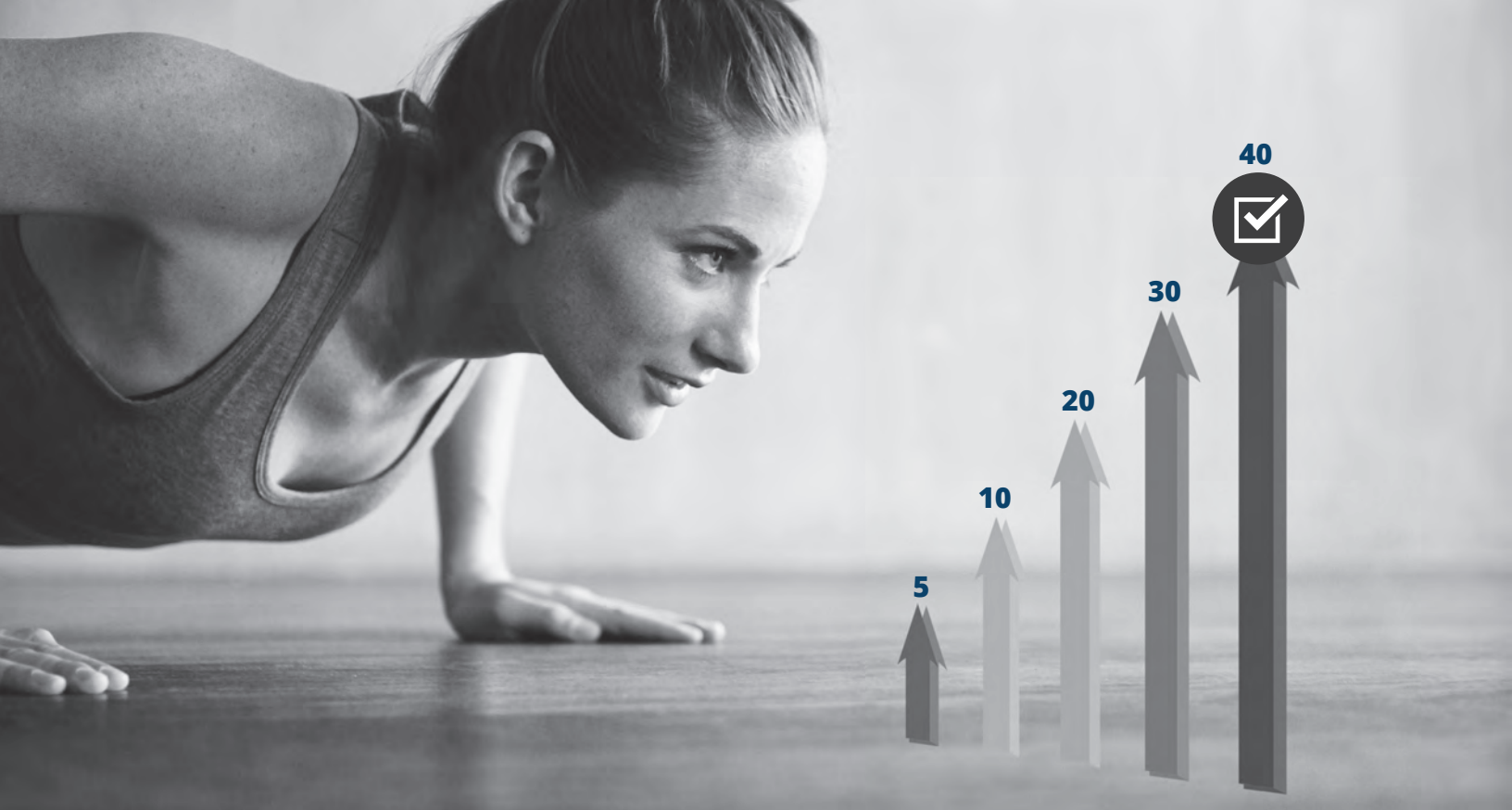
**Have questions about the HA or the Well onTarget program? Call 877-806-9380.**

<sup>1</sup> Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

<sup>2</sup> Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at [wellontarget.com](http://wellontarget.com) for further information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

AlwaysOn is owned and operated by Onlife Health Inc. an independent company that provides digital health management for members with coverage through Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas. No endorsement, representations or warranties regarding third-party vendors and the products and services offered by them are being made.





# Make Your Fitness Program Membership Work for You

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

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

### Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.<sup>\*\*</sup>

| Options  | Digital Only        | Base  | Core  | Power  | Elite  |
|--|---------------------|-------|-------|--------|--------|
| Monthly Fee  | \$10                | \$19  | \$29  | \$39   | \$99   |
| Gym Facility Network Size <sup>†</sup>                                 | Digital Access Only | 3,000 | 7,500 | 12,000 | 12,400 |
| <b>\$19 Enrollment Fee (No Enrollment fee for Digital Only Option)</b> |                     |       |       |        |        |

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

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

## Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.

Check out the Well onTarget Fitness mobile app, available from Apple® or Google Play™. It can help you work on your fitness goals — anytime and anywhere.

- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine (CAM) Discounts Through the WholeHealth Living Choices Program:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at [www.whlchoices.com](http://www.whlchoices.com).\*\*\*
- **Blue Points<sup>SM</sup>:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.\*\*\*\*
- **Web Resources:** You can go online to find fitness locations and track your visits.

- **Digital Fitness:** Stay active from the comfort of your own home. Access thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through an online platform. Digital access is included with Base, Core, Power and Elite memberships. You can also join the Digital Only plan option if only interested in access to digital fitness options.

## Are You Ready for Fitness?

### It's easy to sign up:

1. Go to [bcbsil.com](http://bcbsil.com) and log in to Blue Access for Members<sup>SM</sup>.
2. Select the Wellness tab on the top navigation bar of the Dashboard page. Then scroll down to the Fitness Program section and click on **Learn More**.
3. Complete registration form.
4. Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).

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

Join the Fitness Program today to help you reach your health and wellness goals.



\*Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member."

\*\*Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

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

The WholeHealth Living Choices program is administered by Tivity Health™ Services, LLC. This is NOT insurance. Some of the services offered through this program may be covered by a health plan. The relationship between these vendors and Blue Cross and Blue Shield of Illinois is that of independent contractors.

\*\*\*WholeHealth Living Choices is not available in Montana and Oklahoma.

Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

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

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.



# 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<br>\$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', click on 'Articles' and then select 'Diabetes' from the options. 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, 2024.\*

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](https://myprime.com) for a list of pharmacies if you have BCBSIL prescription drug coverage).

### CONTOUR NEXT GEN Blood Glucose Monitoring System

- Easy to use and highly accurate<sup>1</sup>
- Uses Bluetooth® Technology to receive results on connected smart phones or tablets.
- smartLIGHT feature<sup>2</sup> shows results as easy as red, yellow, green.
- 97.8% of glucose results were within 10 mg/dl or 10% compared to accuracy results.

### CONTOUR NEXT EZ Blood Glucose Monitoring System

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

Visit [contournext.com](https://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 GEN or CONTOUR®NEXT EZ meter at no charge to the patient. Transmit the claim on-line to RxSolutions. This coupon is valid for one fill only, and refills will not be authorized. Processor requires Valid Prescriber ID#, Patient Name, and DOB to adjudicate claim. Please remove the ID# from the patient profile after claim is processed. For assistance in 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 GEN 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> | 3/31/2024   |

1. CONTOUR®NEXT GEN BGMS User Guide, Rev 9/20.

2. Smartson slides Worksheet Report 1 and 2 (Translated to English) (v0.2) - 92% of users think it is quicker and easier to interpret readings using smartLIGHT (p.4).

\* 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®, 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.





Blue Cross and Blue Shield of Illinois (BCBSIL) is required to provide you a HIPAA Notice of Privacy Practices as well as a State Notice of Privacy Practices. The HIPAA Notice of Privacy Practices describes how BCBSIL can use or disclose your protected health information and your rights to that information under federal law. The State Notice of Privacy Practices describes how BCBSIL can use or disclose your nonpublic personal financial information and your rights to that information under state law. Please take a few minutes and review these notices. You are encouraged to go to the Blue Access for Members (BAM) portal at BCBSIL.com to sign up to receive these notices electronically. Our contact information can be found at the end of these notices.

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

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

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

##### **Get a copy of your health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice.
- We will provide a copy or a summary of your health and claims records usually within 30 days of the request. We may charge a reasonable, cost-based fee.

##### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this by using the contact information at the end of this notice.
- We may say “no” to your request. We’ll tell you why in writing within 60 days.

##### **Request confidential communications**

- You can ask us to contact you in a specific way or to send mail to a different address. Ask us how to do this by using the contact information at the end of this notice.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

##### **Ask us to limit what we use or share**

- You can ask us **not** to share or use certain health information for treatment, payment or our operations. Ask how to do this by using the contact information at the end of this notice.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

##### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) for six years prior to your request date of when we shared your information, who we shared it with and why. Ask us how to do this by using the contact information at the end of this notice.
- We will include all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but we may charge a reasonable, cost-based fee if you ask for another one within 12 months.

##### **Get a copy of this Notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To request a copy of this notice, use the contact information at the end of this notice and we will send you one promptly.

##### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices for you.
- We confirm this information before we release them any of your information.

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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.

---

**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.*
-

## 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.

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|--------------------------|---|
| Español<br>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<br>Arabic        | إن كان لديك أو لدى شخص تساعد 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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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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