BlueCross BlueShield of Illinois





Enrollment Guide

City of Crystal Lake
PPO and BAHMO
07/01/2020

Get the Most from Your Health Plan







Welcome to Blue Cross and Blue Shield of Illinois (BCBSIL), a leader in health care benefits. We have been helping people like you get the most from their health care plans for many years.

Read this guide to learn about benefits your employer is offering. Think about how you and your family will use these benefits. Learn more about products, services and how to be a smart health care user at ***bcbsil.com****.*

Your ID Card

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

Blue Access for Members℠

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

Save Money – Stay In-Network

Using independently contracted network providers can help you save. Look at your ID card to find your network. Then go to **bcbsil.com** to look for doctors, hospitals and other places for care.

Call Customer Service for Help

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

21777.0716



The PPO Plan

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

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

PPO Network

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

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

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

Medical Care

Your benefits may include coverage for*:

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

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

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The Blue Advantage HMO℠ Plan



It's to Your Advantage!

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

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

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

The Blue Advantage HMO Network

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

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

*A personal care physician can also be called a primary care physician.

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

Preventive Care

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

Vision Care

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

BlueCard®

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

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.

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

EyeMed Vision Care is an independent company that administers the vision benefits for Blue Cross and Blue Shield of Illinois. This document is for comparison purposes only and is a brief summary of benefits. For full benefit information, please refer to your contract or certificate (Health Care Benefit Program booklet).

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Emergency Care

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

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

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

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

Urgent Care Centers and Freestanding ERs

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

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

[1] Freestanding ERs: the Need for Greater Transparency and More Consumer Protections. (2016). The Texas Association of Health Plans

Reconstructive Surgery

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

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

Utilization Management

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

Substance Use Disorder Treatment

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

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

Medical Plan Frequently Asked Questions

Q. Are my medical records kept confidential?

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

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

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

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

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

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

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

Some options for non-emergency care include:

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

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

Freestanding ERs:

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

[1]The closest urgent care center may not be in your network. Be sure to check Provider Finder to make sure the center you go to is in-network.

[2]Message and data rates may apply. Read terms, conditions and privacy policy at bcbsil.com/mobile/text-messaging.

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

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

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

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

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

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

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

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



Blue Access for Members℠

Health Care at Your Fingertips

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

With BAM, you can:

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

It's Easy to Get Started!

1 Go to **bcbsil.com/member**

2 Click **Log Into My Account**

3 Use the information on your BCBSIL ID card to sign up

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

**Message and data rates may apply.*

Understanding Your Explanation of Benefits

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

The EOB has THREE MAJOR sections:

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

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

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

The EOB may include additional information:

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

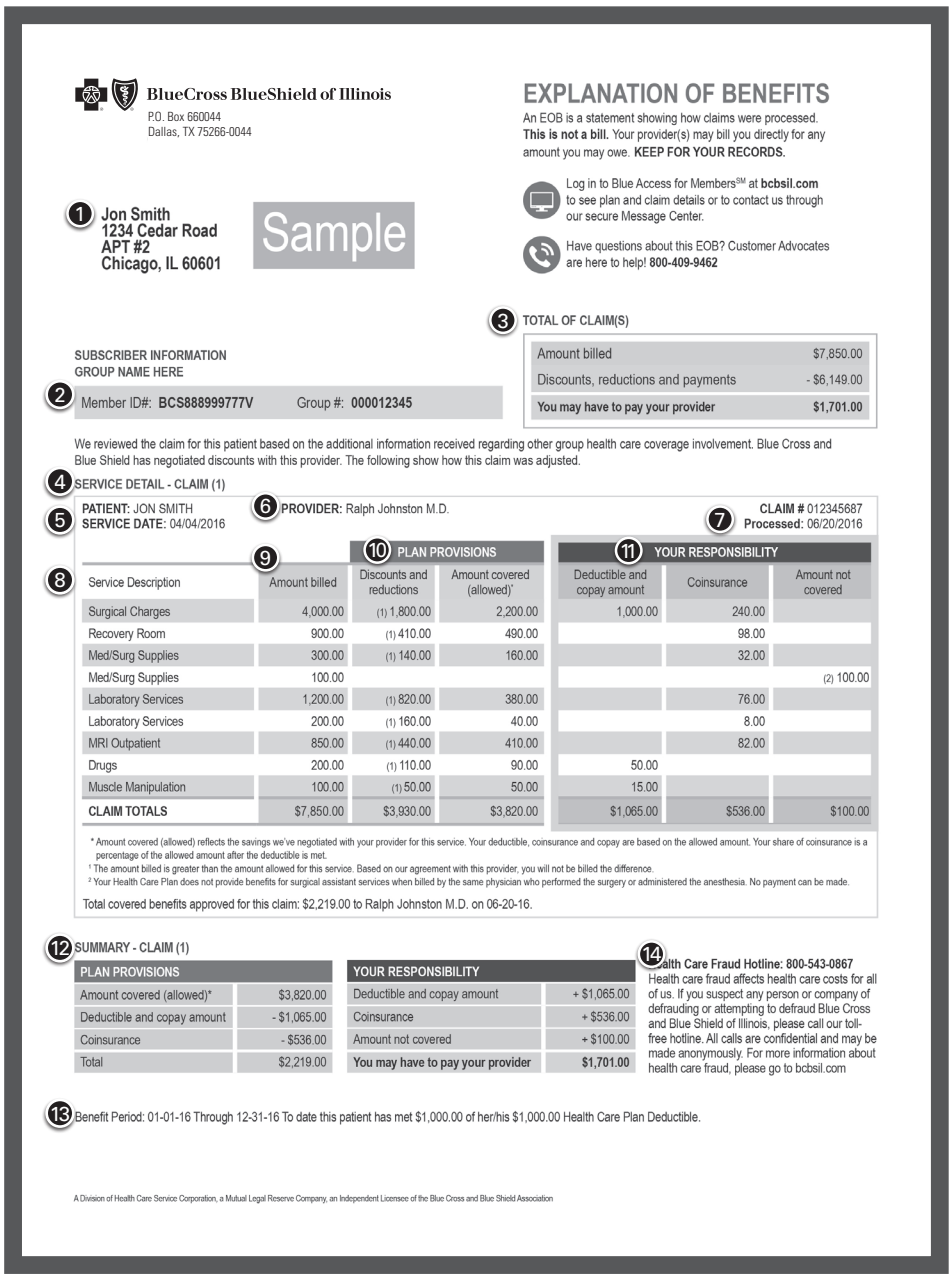
Your EOBs Are Available Online!

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

Available in English and Spanish

Sample EOB

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



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

EXPLANATION OF BENEFITS

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

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

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

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

Sample

3 TOTAL OF CLAIM(S)

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

SUBSCRIBER INFORMATION
GROUP NAME HERE

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

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

4 SERVICE DETAIL - CLAIM (1)

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

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

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

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

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

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

12 SUMMARY - CLAIM (1)

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

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

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

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

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

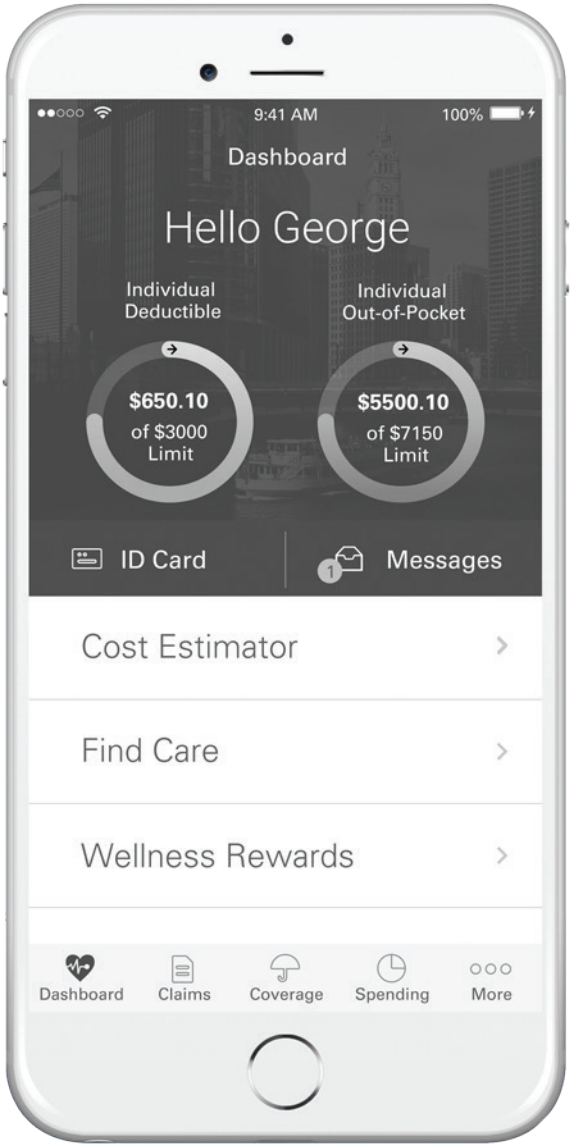
Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.

The BCBSIL App!

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

Available in Spanish

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



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

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

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

Download on the App Store

GET IT ON Google play



Virtual Visits

Speak with a doctor or therapist — anytime, anywhere

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

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

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

Why virtual visits?

- 24/7 access to an independently contracted, board-certified MDLIVE doctor
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- If needed, get a prescription sent to your local pharmacy

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

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

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

Prepare for the Unexpected— Activate Your MDLIVE Account Now!

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

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

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

Virtual visits may not be available on all plans. Virtual visits are subject to the terms and conditions of your benefit plan, including benefits, limitations and exclusions. Non-emergency medical service in Montana and New Mexico is limited to interactive audio/video (video only). Non-emergency medical service in Arkansas and Idaho is limited to interactive audio/video (video only) for initial consultation. Service availability depends on location at the time of consultation.

MDLIVE, a separate company, operates and administers the virtual visit program for Blue Cross and Blue Shield of Illinois and is solely responsible for its operations and that of its contracted providers.

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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.

229616.0220



Your Doctor Is In… Provider Finder®

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

Go to bcbsil.com and log in or create a Blue Access for Members℠ (BAM℠) account and click on the Doctors and Hospitals tab in Provider Finder to:

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

**Available for most networks and plans.*

Go Mobile with BCBSIL

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

Same Procedure, Different Cost and Potential Cash in Your Pocket!





Did you know that prices for the same quality medical services can differ by thousands of dollars within the same region and health plan network? Blue Cross and Blue Shield of Illinois (BCBSIL) provides **Member Rewards** – a program administered by Sapphire Digital that offers cash rewards when a lower-cost, quality provider is selected from several options.

- Compare it to where you park your car – the $30 lot or the $15 one just a few blocks away.
- Member Rewards allows you to shop for your health care services in a similar way, and as the following examples show, you can save money depending on where you go for care.
- Best of all – shopping with Member Rewards could help lower your out-of-pocket costs and help get you a cash reward.

Medical Procedure	Cost Variance	Provider A Cost	Provider B Cost	Provider C Cost
MRI of the Brain	$682 to $3,849	$682	$2,723	$3,849
Knee Replacement	$17,003 to $61,980	$17,003	$47,617	$61,980

Most of us look for value when we're shopping – why not apply this practice to shopping for health care services? Member Rewards uses Provider Finder® to help you reduce costs and take more control of your health care financial decisions.

Examples shown are for specific locations and time periods and are not intended to represent costs for procedures in your area.

Same Procedure, Different Cost and Potential Cash in Your Pocket! *(continued)*

What Is the Member Rewards Program?

Member Rewards – combined with Provider Finder, our nationwide database of independently contracted health care providers – can help you:

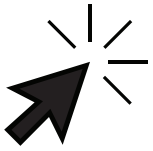
- Compare costs and quality for numerous procedures.
- Estimate out-of-pocket costs.
- Earn cash while shopping for care.
- Save money and make the most efficient use of your health care benefits.
- Consider treatment decisions with your doctors.

How Does It Work?

1. When a doctor recommends treatment, call a Benefits Value Advisor at the number on the back of your member ID card, or log into Blue Access for Members℠ at **bcbsil.com** and click the **Doctors and Hospitals** tab – then on Find a Doctor or Hospital
2. Choose a Member Rewards eligible location, and you may earn a cash reward
3. Complete your procedure and, once verified, you will receive a check within 4 to 6 weeks

Questions? Call the number on the back of your member ID card.

Key Features



Ease of Shopping

- You can quickly find the information you need to help you choose a facility or service.
- Member Rewards is available via computer, smartphone and other mobile devices.



Cash Rewards

- It's easy to understand how much you could save with a reward option, based on location.
- After verification, Sapphire Digital will send you any earned reward check. Note that rewards are taxable.

The Member Rewards program is provided by Sapphire Digital, an independent company. Incentives available for select procedures only. Amounts you receive through Member Rewards may be taxable. BCBSIL does not provide tax advice, so please contact your HR or tax advisor for more information. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program.

Blue Cross and Blue Shield of Illinois makes no endorsement, representation or warranty regarding Sapphire Digital's administration of the Member Rewards program. Information received through the Member Rewards program is not meant to replace advice of a health care professional, and decisions regarding course and place of treatment remain with the member and his or her health care provider. Eligibility for rewards is subject to terms and conditions of the Member Rewards program.



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℠ (BAM℠)**. Visit **bcbsil.com** to use BAM. Once signed up (all you need are your group and ID numbers, found on your 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.



Wellbeing is about Progress, Not Perfection

Even small changes can help improve your health. So work on your wellbeing goals from one, simple dashboard, Blue Access for Members℠ (BAM℠). It's included with your plan. Go ahead – take your first step toward a healthier you!

Get Started Now! It's As Easy As…

1. Go to **bcbsil.com**.
2. Sign up for **BAM**.
3. Click the **My Health** tab.

What You Can Do

- Access Well onTarget® to help manage your overall wellbeing:
  - Take a Health Assessment to jumpstart your wellness journey with a personal health report.[1]
  - Engage in digital self-management programs to help you reach your health and wellbeing goals.
  - Get one-on-one support from a health coach – by phone or online messaging.
  - Link and track your fitness devices and nutrition apps in one place.
  - Earn and redeem Blue Points℠ when you complete healthy activities.[2]
- Join the Fitness Program with access to more than 10,000 fitness locations nationwide.[3]
- Talk to a nurse 24 hours a day.[4]
- Get support from a maternity specialist throughout a pregnancy.

Resources to Help You with:

- **Asthma**
- **Back pain**
- **Blood pressure**
- **Cholesterol**
- **Diabetes**
- **Eating healthy**
- **Financial wellbeing**
- **Heart health**
- **Losing weight**
- **Pregnancy**
- **Quitting smoking**
- **Stress**

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.
2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.
3. A $25 enrollment fee and $25 monthly fee apply per member. Taxes may apply. Individuals must be at least 18 years old to purchase a membership.
4. 24/7 Nurseline is not available to HMO members. For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

234827.0818

Special Beginnings®



Give your baby a healthy start.

It is never too early to start taking care of your baby. That's why you should join the Special Beginnings program as soon as you know you are pregnant.

The Special Beginnings maternity program supports you from early pregnancy until six weeks after delivery. An experienced Blue Cross and Blue Shield of Illinois staff member will contact you and:

- Ask you questions to determine what support you will need
- Send you information about having a healthy pregnancy and baby
- Answer any questions you have and help you plan your care with your doctor
- Assist you with managing high-risk conditions such as gestational diabetes and preeclampsia

Visit the Special Beginnings website to view a video library and week-by-week pregnancy information. To access the site, log into Blue Access for Members℠ (BAM℠) by visiting **bcbsil.com** and click on the "My Health" tab.

Call 888-421-7781, 8 a.m. – 6:30 p.m., CT, to enroll or ask questions about the program.

Take good care of yourself and your baby – join Special Beginnings today!

It's free, easy and confidential.

Special Beginnings is not a substitute for professional medical guidance. Regular visits are important for your care. The information we receive from you may be shared with your physician to better coordinate your care. Be sure to discuss any health concerns with your physician.

235774.0320

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.

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

Hours of Operation: Anytime

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

*24/7 Nurseline is not available to HMO members.
For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.



Get the most from your benefits

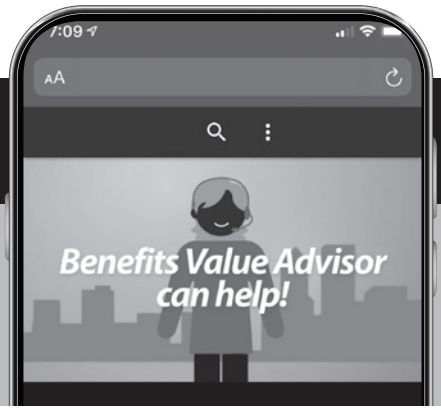
A Benefits Value Advisor (BVA) is like a tour guide, helping to point you in the right direction.*

BVAs can help you save money on health procedures and tests. They can also help you understand and use your benefits more wisely.

You'll get guidance for all your health plan benefits so you only need one call to get support. BVAs can help you:

- Maximize your benefits to get better value
- Get cost estimates for various providers and procedures
- Schedule appointments
- Find a doctor or facility
- Set up preauthorization

In addition, you can access Provider Finder® to search for in-network physicians, specialists or hospitals. You can estimate the cost and your out-of-pocket expenses for hundreds of procedures, treatments and tests. Log in to your Blue Access for Members℠ (BAM℠) account and click on "Doctors and Hospitals." If you haven't registered, go to bcbsil.com, click the "Log In" tab and then click the "Register Now" link.



Want to know more? Watch a video.

*You may text[1] keyword **MYBVA** to 33633 on your mobile phone to get more information and watch a video.*

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

Get Informed on Cost Estimates

The same procedure performed in the same area by different providers can vary greatly in cost.

Here are a few examples.

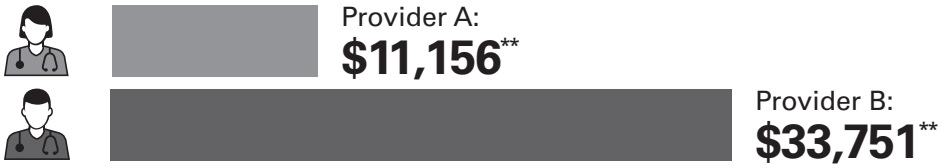
Estimated cost comparison for brain MRI



Estimated cost comparison for a knee replacement



Estimated cost comparison for a C-section



One call can help you get the most from your benefits. Call the number on the back of your member ID card before your next procedure.

* *Benefits Value Advisors offer cost estimates for various providers, facilities and procedures. Lower pricing and cost savings are dependent on the provider or facility of your choosing.*

Member communications and information from Benefits Value Advisors are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers. Cost estimates are just an estimate. In addition to your usual deductibles, copayments and/or coinsurance, the actual cost of the services may vary based on a number of factors including the date of service, the actual procedure performed and what services were billed by the provider and your particular benefit plan. Coverage is subject to the limitations, exclusions and terms of your plan.

** *Allowable in-network cost data from Cook County, IL. Costs are examples and may not be the same for every member's situation.*

BlueCross BlueShield of Illinois



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

Other program perks include:

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

Options	Base	Core	Power	Elite
Monthly Fee	$19	$29	$39	$99
Gym Facility Network Size†	3,000	7,500	12,000	12,400
$19 Initiation Fee				

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

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

Well onTarget®



Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine (CAM) Discounts Through the Whole Health Living Choices Program:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at **whlchoices.com**.
- **Blue Points℠:** 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.

Are You Ready for Fitness?

It's easy to sign up:

1. Go to **bcbsil.com** and log in to Blue Access for Members℠.
2. Under "**Quick Links**," choose "**Fitness Program**." On this page, you can enroll, search for nearby fitness locations and learn more about the program.
3. Click "**Enroll Now**." Then search and select the fitness location that is best for you. Remember, you can visit any participating fitness location after you sign up. You can also find locations by going to **bcbsilforyourhealth.com**.
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 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.

***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.

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.

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.

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

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BlueCross BlueShield of Illinois

Understand Your Health Plan Before You Get Care to Help Avoid Higher Costs.



Preauthorization (also known as 'prior authorization') means that approval is needed from your health plan before you have certain health tests or services. To help make sure your care is appropriate and avoid unexpected costs, it's important that approval is received **before** you get these services.

Usually, your network provider will take care of preauthorization before the service is performed. But it is always a good idea to check if your doctor has gotten the needed approval.

Your Preauthorization Checklist

Once your health plan coverage starts, you can begin using the resources below.
Be a smart health care shopper – use these tools to stay informed about your plan benefits!

1 CONNECT WITH US

Use the information on your Blue Cross and Blue Shield of Illinois (BCBSIL) member ID card to create a Blue Access for Members℠ (BAM℠) account at bcbsil.com. And download the BCBSIL App at the Apple or Google Play store. Both tools can help you keep up with your benefits.

2 KNOW WHAT YOUR PLAN REQUIRES

Log in to BAM and click *My Coverage*. Under the *Referral and Prior Authorization Information* tab, you'll see a list of services that may require preauthorization. You can find a more detailed list of services that require approval under your plan in your benefit booklet. Confirm with your provider that they have gotten approval before your service.

3 TRACK YOUR STATUS

You can check whether your preauthorization has been submitted or approved online. In BAM, go to *My Coverage*, then *Referral and Prior Authorization Information*. Or in the BCBSIL App, click *More*, then *Prior Authorization*.

We want you to get the most out of your health care benefits – let us help!
Call the number on the back of your BCBSIL member ID card for questions.

Services That May Require Preauthorization

We want you to be clear about what your health plan covers.

Here is a list of services[1] that may need approval in advance:

- Inpatient hospital stays[2]
- Stays in a facility for rehabilitation, long-term care or skilled nursing care
- Behavioral health care, either in or outside of a hospital
- Some high-cost specialty drugs

Some services you get without a stay at the hospital may also require approval, such as:

- Air ambulance (for non-emergencies)
- CT scans, MRIs and other advanced imaging
- Breast lift or reduction surgery
- Electrical stimulation of the brain, nerves or stomach
- Home health care
- Home infusion
- Hospice
- Some ear, nose or throat services, such as bone conduction hearing aids, cochlear implants or surgery
- Some sleep studies
- Some surgeries of the face, jaw, mouth or teeth
- Some treatments for heart disease
- Some wound care services, such as high-pressure oxygen treatment



You are responsible for calling BCBSIL if you get out-of-network care. Be sure to notify BCBSIL within two days of an emergency, maternity, mental health or substance abuse hospital admission at an out-of-network facility.

For preauthorization or other questions, call the number on the back of your member ID card.

1 Preauthorization requirements vary by plan. Check your benefits booklet or call the Customer Service number on the back of your member ID card for questions about your benefits.

2 In-network inpatient hospitals are required to request preauthorizations on your behalf.

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Well onTarget®

Blue Points℠ — Rewards for Healthy Living

Well onTarget understands how hard it can be to maintain a healthy lifestyle. Sometimes, you may need a little motivation. That's why we offer the Blue Points[1] program. This program may help you get on track — and stay on track — to reach your wellness goals.

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

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

Earn Points Instantly

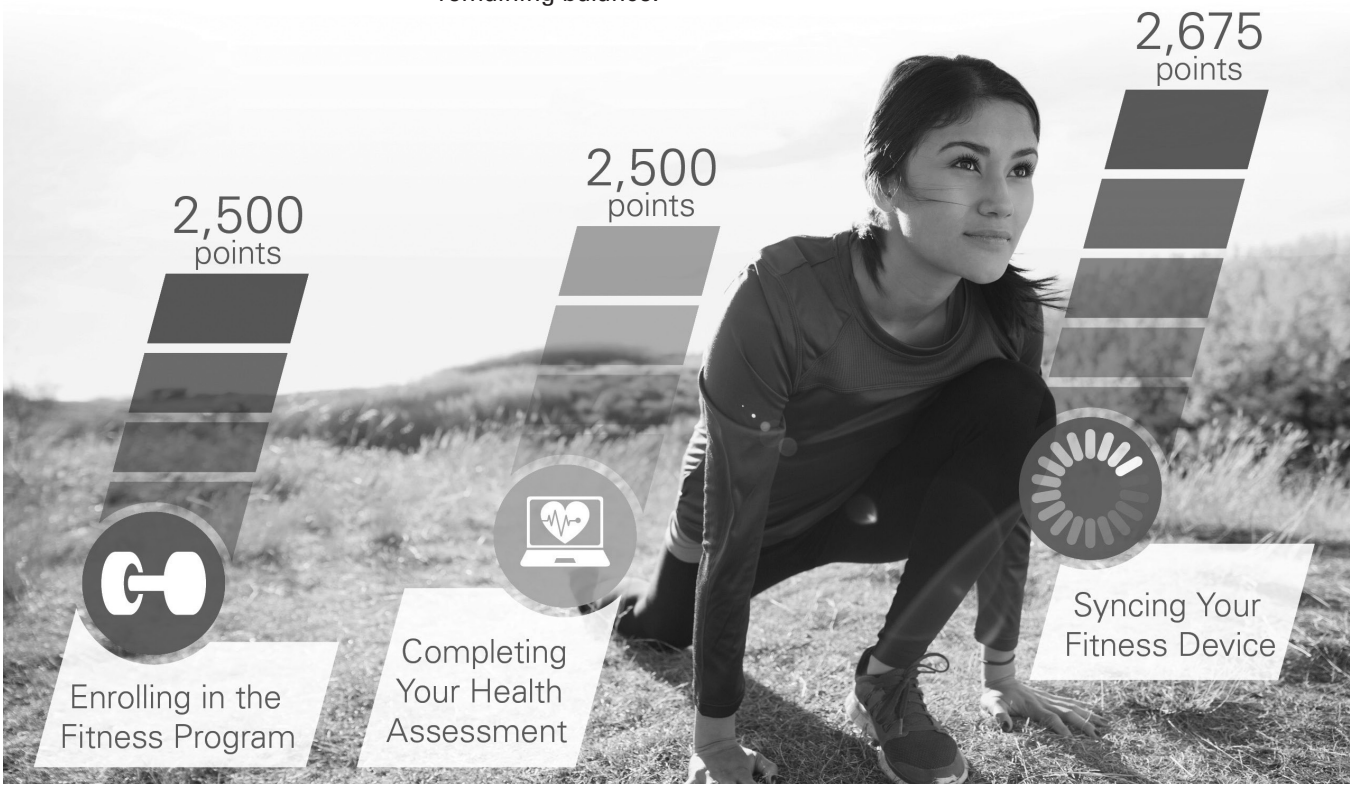
The program gives you points immediately, so you can start using them right away.[2]

Get Extra Points

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

Easily Manage Your Points

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



Choose from a Large Selection of Rewards

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

Participate in Activities That Match Your Goals

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

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

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

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

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

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

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

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

Well onTarget®

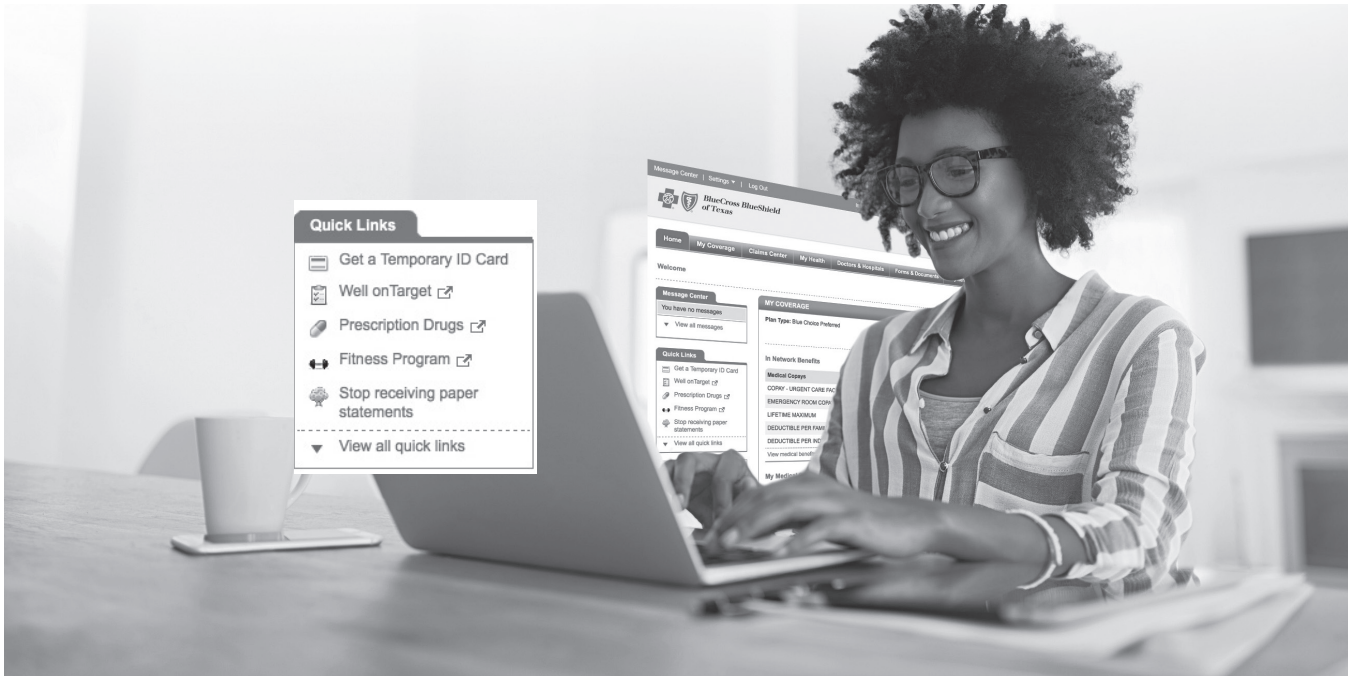
Experience a New Kind of Wellness — Log In to the Well onTarget Portal

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

Member Wellness Portal

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

- **Digital Self-management Programs:** Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more!
- **Health and Wellness Library:** The health library has useful articles, podcasts and videos on health topics that are important to you.
- **Blue Points℠ Program:**** Earn points for wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.
- **Tools and Trackers:** These interactive resources help keep you on track while making wellness fun.



- **Health Assessment:** Answer some questions to learn more about your health and receive a personal wellness report.

- **Fitness Tracking:** Get Blue Points for tracking activity with popular fitness devices and mobile apps.

- **Nutrition Help:** Members can choose a nutrition app to connect and monitor their food intake via the View Nutrition page. Enter calorie targets, carbs, fats, protein and more. Apps include Fitbit, MyFitnessPal and others.

- **Personal Challenges:** Join a personal challenge to help you reach your goals. There are over 30 challenges, so you can choose the best one to fit your wellness journey. Topics include stress, sleep, physical activity and more!

How to Access the Portal

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

- Log in to BAM at **bcbsil.com/members**. If this is your first time logging in, you will need to register your account. Click Register Now on the login screen.

- Once you are in BAM, click on the **Well onTarget** link on the left side of the screen. You will be taken to the portal.

Questions?

If you have any questions about Well onTarget, call Customer Service at **877-806-9380**.

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

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



Blue365®

A Discount Program for You

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

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

Below are some of the ongoing deals offered through Blue365.

EyeMed | Davis Vision

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

TruHearing® | Beltone™ | American Hearing Benefits

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental Solutions℠

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

Jenny Craig® | Sun Basket | Nutrisystem®

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

Fitbit®

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

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

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

Reebok | SKECHERS®

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

InVite® Health

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

Livekick

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

eMindful

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



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

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

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

Livongo

Reading this is good for your health and wallet

Livongo is a health benefit that helps make managing your diabetes easier, and it's included in your benefits. The program is offered to you and your family members with diabetes and coverage through Blue Cross and Blue Shield of Illinois (BCBSIL).





Checking, tracking, and support

- Real-time, personalized tips with each blood glucose check
- Optional family alerts keep everyone in the loop
- Support when you're out of range
- Your meter can send data directly to your doctor
- Unlimited strip reordering right from your meter
- Automatic uploads means no more paper logbooks

The only thing easier than using Livongo is signing up for it:

More details and how to register coming soon!

EL PROGRAMA LIVONGO ESTÁ DISPONIBLE EN ESPAÑOL

Cuando se registre, usted seteará el idioma de preferencia y luego el medidor y el programa estarán en Español.

How to Eat a Cheeseburger 101

(And, there is a right way.)



Ever wonder how some people can eat whatever they want and not gain weight? We'll show you how it's done.

Naturally Slim® is a common-sense, online weight loss program based on Eatology™, the study of when, why and how we eat. Unlike diets, which rely on your willpower and 'eat this, not that' advice, Naturally Slim teaches you simple, repeatable skills to help you lose weight and keep it off in the real world, while still eating the foods you love — even cheeseburgers!

Here's how Naturally Slim works:

Instead of making you count points, track calories or change your diet to kale smoothies, we use a science-based approach based on the eating patterns that people who don't struggle with their weight use naturally. During the initial 10 weeks of the program, you'll log-in to your Naturally Slim dashboard to learn tips like:

- Ways to enjoy your favorite foods without going overboard
- How to manage the differences between appetite and hunger
- How to keep thirst from hijacking your weight loss
- The reasons we eat, many of which have nothing to do with hunger
- How to stop eating around emotions like stress, anger and depression
- How to sleep better, become more physically active, reduce stress and more!

Who's eligible?

Employees, spouses and adult dependents enrolled in the BCBSIL medical plan (excluding HMO) are eligible to participate in the program.

Is there a cost?

There is no out-of-pocket cost for employees, spouses and adult dependents enrolled in the BCBSIL medical plan. Naturally Slim is covered as a preventive medical expense under your health plan.

"I cannot believe this. I have lost 15 pounds in 3 weeks with NO effort. I have kicked my sugary drink habit. I am sleeping better and have energy that I didn't know existed. I am so grateful for this program."
- Naturally Slim Participant

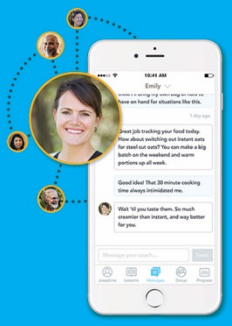
To learn more and enroll, visit www.naturallyslim.com/IPBC

naturally slim®

IPBC Intergovernmental Personnel Benefit Cooperative

omada







Join Omada to build healthy habits that last



Omada® is a digital lifestyle change program. We combine the latest technology with ongoing support so you can make the changes that matter most—whether that's around eating, activity, sleep, or stress. It's an approach shown to help you lose weight and reduce the risks of type 2 diabetes and heart disease.

—

- **EAT HEALTHIER**
  Learn the fundamentals of making smart food choices.
- **INCREASE ACTIVITY**
  Discover easy ways to move more and boost your energy.
- **OVERCOME CHALLENGES**
  Gain skills that allow you to break barriers to change.
- **STRENGTHEN HABITS**
  Zero in on what works for you, and find lasting motivation.
- **STAY HEALTHY FOR LIFE**
  Continue to set and reach your goals with strategies and support.

YOU'LL GET YOUR OWN:

- Interactive program
- Wireless smart scale
- Weekly online lessons
- Professional health coach
- Small group of participants

BlueCross BlueShield of Illinois

2020 Employer Update

Covering Preventive Services



Preventive Care Services Covered With No Cost to the Member

Your group health plan covers certain preventive services as a benefit of membership, at no cost to the member when they use a provider in your plan's network. There is no copay, deductible or coinsurance, even if the individual or family deductible or out-of-pocket maximum has not been met.

Covered Preventive Care Services[1]

Depending on the particular health plan, coverage may be provided for the preventive services listed in this guide, at no cost to the member when seeing a provider participating in a health plan's provider network. This list may not include all of a particular plan's covered preventive services. Blue Cross and Blue Shield of Illinois members can call Customer Service at the number on their member ID card for details on how these benefits apply to their coverage and for the most up-to-date list of covered preventive services, including those paid without any cost-sharing.

BlueCross BlueShield of Illinois

2020 Employer Update
Covering Preventive Services

Children and Adolescents

Children and Adolescents Well-child exam

Examples of services included as part of an annual well-child exam include history and physical exam, and measurements of height, weight and body mass index (BMI).

Immunizations
Diphtheria, Tetanus, Pertussis “Whooping Cough”
Haemophilus Influenzae Type B
Hepatitis A
Hepatitis B
Human Papillomavirus (HPV)
Influenza (Flu)
Measles, Mumps, Rubella
Meningococcal
Pneumococcal
Inactivated Poliovirus
Rotavirus
Varicella (Chickenpox)

Learn more on recommendations of children and adolescents immunization schedule:
http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

Screening Tests and Counseling

- Alcohol and drug use assessment for adolescents
- Autism
- Cervical dysplasia screening
- Critical congenital heart defect screening for newborns
- Depression screening
- Dyslipidemia screening (for children at higher risk)
- Hematocrit or hemoglobin screening
- HIV screening
- Lead screening
- Obesity screening and counseling
- Screening for hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Screening for sexually transmitted infections (STIs)
- Skin cancer behavioral counseling for young adults
- Tuberculin testing
- Visual acuity screening

Preventive Treatments

- Dental caries prevention fluoride varnish and oral fluoride supplementation
- Gonorrhea preventive medication for eyes of all newborns



BlueCross BlueShield of Illinois

2020 Employer Update
Covering Preventive Services

Adults

Adults Preventive exam

Examples of services included as part of an annual preventive exam include history and physical exam, measurements of height, weight and body mass index (BMI).

Immunizations
Hepatitis A
Hepatitis B
Haemophilus Influenzae Type B (Hib)
Human Papillomavirus (HPV)
Influenza (Flu)
Measles, Mumps, Rubella
Meningococcal
Pneumococcal
Tetanus, Diphtheria, Pertussis
Varicella (Chickenpox)
Zoster

Learn more on recommendations of adults immunization schedule:
http://www.cdc.gov/vaccines/schedules/hcp/adult.html

Screening Tests

- Abdominal aortic aneurysm screening
- Blood pressure screening
- Cholesterol screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening for adults with high blood pressure
- Hepatitis B screening
- Hepatitis C screening
- HIV screening and counseling
- Lung cancer screening
- Obesity screening
- Sexually transmitted infection (STI) screenings (chlamydia, gonorrhea, syphilis)
- Tuberculosis

Health Counseling

- Alcohol misuse screening and counseling
- Falls prevention
- Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular risk disease factors
- Obesity counseling
- Prevention of sexually transmitted infections (STIs)
- Sexually transmitted infections counseling
- Skin cancer behavioral counseling for young adults
- Tobacco use cessation (Includes prescription for one or more products within the categories approved by the FDA for use in smoking cessation)
- Use of aspirin to prevent cardiovascular disease



BlueCross BlueShield of Illinois

2020 Employer Update

Covering Preventive Services

Women Only

- Annual well woman visit
- Breast cancer prevention medication
- Breast cancer screening mammography
- Cervical cancer screening including pap smear
- Counseling related to chemoprevention of breast cancer
- Genetic counseling and evaluation for BRCA testing where family history is associated with an increased risk
- Human papillomavirus (HPV) DNA test
- Intimate partner violence counseling and screening
- Osteoporosis screening
- Urinary incontinence screening



Contraception[2]

The following contraceptive items and services are covered without cost-sharing when provided by a health care provider in a health plan's network.

- One or more prescribed products within each of the categories approved by the FDA for use as a method of contraception
- FDA–approved contraceptives available over the counter (foam, sponge, female condoms), when prescribed by a physician
- The morning after pill
- Medical devices such as IUD, diaphragm, cervical cap and contraceptive implants
- Female sterilization, including tubal ligation

Specifically for Pregnant Women

- Alcohol misuse screening and counseling
- Anemia screening
- Aspirin for preeclampsia prevention
- Bacteriuria screening
- Breastfeeding support, supplies and counseling
- Diabetes mellitus screening after pregnancy
- Folic acid supplementation
- Gestational diabetes screening
- Hepatitis B screening
- HIV screening
- Perinatal depression screening
- Rh(D) incompatibility screening
- Screenings for sexually transmitted infections (STIs) including chlamydia, gonorrhea, and syphilis
- Tobacco use and cessation counseling



[1] Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. This includes preventive care services as follows:

· Evidence-based items/services rated A or B in the current recommendations of the U.S. Preventive Services Task Force

· Routine immunizations for children, adolescents and adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease control and prevention

· Evidence-informed preventive care and screenings for infants, children, and adolescents in the comprehensive guidelines of the Health Resources and Services Administrations

· Evidence-based preventive care and screenings for women described in the comprehensive guidelines of the Health Resources and Services Administration

[2] Certain group health plans established or maintained by organizations that qualify as religious employers may be exempt. These services may be covered under a plan's Pharmacy benefits. The fact that a particular medical service is listed in this document is not a guarantee that benefits are available for such service. The member is instructed to refer to their health benefits document to determine what benefits are available for the particular medical service.

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

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BlueCross BlueShield of Illinois

Important Notices

I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its "special enrollment provision" without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program) If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children's Health Insurance Program
If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption
If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children's Health Insurance Program
If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries: If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child: For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider: You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

Health care coverage is important for everyone.

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

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

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

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

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

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

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કૉલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें ।.
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkidígíí bee nił h odoonih. Ata'dahalne'ígíí bich'į' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کررہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.

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BlueCross BlueShield of Illinois

Group Enrollment Application | Change Form

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

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

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

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ENROLLMENT APPLICATION/CHANGE FORM INSTRUCTIONS

PLEASE READ THOROUGHLY BEFORE COMPLETING ENROLLMENT APPLICATION/CHANGE FORM

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

SECTION 1 **ENROLLMENT EVENTS**	Check all the boxes that apply to indicate if you are a new enrollee or if you are requesting a change to your coverage. Indicate the event and date, if applicable. Complete the additional sections that correspond to your selection. **New Enrollee:** Complete all sections where applicable. **Add Dependent:** Complete all sections where applicable. • If you are applying for coverage for a disabled dependent over the age limit of your employer's plan, please provide the additional information requested in Section 5. Additional documentation may be required as addressed in that section. • If your employer offers coverage for children and your children are eligible, your children are eligible for health and/or dental coverage up to the dependent limiting age and may not be denied coverage due to marital, student or employment status before age 26 (check with your employer for additional details regarding eligibility requirements). In addition, eligible military personnel may not be denied coverage before age 30 under Illinois law. If you are adding an eligible military personnel dependent who is over the age limit of the employer's plan, completion of a Defense Department Form (DD 214) is required in addition to this application. **Open Enrollment:** The period of time offered on a regular basis during which you can elect to enroll in a specific group health insurance plan or make changes to your current membership. **Special Enrollment Event:** If you qualify, special enrollment is any change to your current membership such as marriage*, divorce**, adoption, suit for adoption or placement for adoption, leave/layoff, moving out of the service area, etc. This change may occur outside of open enrollment. **Effective Date of Benefits:** Field is mandatory and should reflect your requested date. **Completion of Other Eligibility Requirements:** Check this box only if your employer has eligibility requirements that you have met/completed prior to enrollment, such as measurement period or orientation period. **Cancel Enrollee/Cancel Dependent/Cancel Coverage:** Complete Sections 1, 2, 4 (skip Section 4 if declining coverage), 8 and 9. In Section 4 include name, social security number and date of birth of individual(s) canceling.
SECTION 2 **YOUR INFORMATION**	Complete this section with details about yourself even if you are declining coverage.
SECTION 3 **YOUR COVERAGE**	Complete all portions related to the coverages for which you are applying. Please list the seven character plan ID for your selected benefit design (example: S533PPO) in the plan # field. If you are unsure of your group size or do not know your plan ID, please ask for guidance from your employer. If you are enrolling for life or disability insurance enter the information requested. When listing the beneficiary, provide both the first and last name and the relationship to you. List all beneficiaries that apply.
SECTION 4 **COVERAGE OPTIONS**	Complete all areas that apply to you and each dependent. **For HMO Plans Only:** • Those applying for HMO coverage are required to select a primary care physician/practitioner (PCP) for each covered individual. List the name of the physician/practitioner and the provider number from the provider directory or Provider Finder® at **bcbsil.com**. Be sure to check the appropriate box for a new patient. • If you selected HMO coverage, you must select a medical group/individual practice associations (IPAs) and a primary care physician (PCP) for each person to be covered. You must also select a PCP within the selected medical group/IPA for each person to be covered. You may choose a different medical group/IPA for each person. Care received from a woman's principal health care provider (WPHCP) may be eligible for coverage without referrals from your PCP. However, your PCP and your WPHCP must be affiliated with or employed by your medical group/IPA in order for each person to be eligible for coverage. Until we receive your selected medical group/IPA, you may not be eligible and your claims may be denied. Be sure to enter the medical group/IPA number, name, PCP number and name. • If you are adding an eligible military personnel dependent who is over the age limit of your employer's plan, completion of a Defense Department Form 214 (DD 214) is required in addition to this application. **Change Primary Care Physician/Practitioner:** Complete Section 1 and check the "Other Change(s)" box; then, complete Sections 2, 3, 4 and 9. In Section 4, please include enrollee's or dependent's name, social security number, date of birth, name and number of the new PCP and the name and number of the new IPA. **Change Address/Name:** Complete Section 1 and check the "Other Change(s)" box; then, complete Sections 2 and 9.
SECTION 5 **DISABLED DEPENDENT**	A disabled dependent must be medically certified as disabled and dependent upon you or your spouse***/domestic partner in order to be considered for coverage if dependent coverage is part of your employer's plan. The disabled dependent is required to be covered prior to age 26 to be eligible for coverage over the dependent child age limit of your employer's plan. A Disabled Dependent Authorization and Disabled Dependent Physician Certification document must be completed and submitted with this enrollment application, if applicable.
SECTION 6 **OTHER COVERAGE**	Complete this section if you or any dependent have other group or individual health and/or dental coverage (if applicable) that will not be canceled when the coverage under this application becomes effective.
SECTION 7 **MEDICARE COVERAGE**	Complete this section if you or any of your dependents are covered by Medicare. Enter the start and end dates for the coverage that applies. Your Medicare HIC number must be listed (it can be found on your Medicare ID card). Check the reason for your Medicare coverage.
SECTION 8 **DECLINATION OF COVERAGE**	Complete this section if you are declining health coverage for yourself and your dependents. **Anyone** declining coverage for any reason should complete Section 8, not just those declining because of other coverage. **IMPORTANT NOTICE:** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health care coverage, you may, in the future, be able to enroll yourself or your dependents in the plan if you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, party to a civil union, birth, adoption, becoming a party in a suit for adoption, or placement of a foster child in your home, you may be able to enroll yourself and your dependents if you request enrollment within 31 days after the marriage, birth, adoption, suit for adoption or placement for adoption, or placement of an eligible foster child in your home.
SECTION 9 **COVERAGE CONDITIONS**	Sign your name and date the enrollment application if you agree to the conditions set forth in this section. Your enrollment application should be submitted to your employer's **Enrollment Department**, which will then submit your form to BCBSIL**.**
	As used on the application (unless indicated otherwise): These terms may be used in a different way in other documents. ** The term "marriage" includes legal marriage and the establishment of a civil union or domestic partnership (coverage subject to your employer's plan).* *** The term "divorce" includes legal divorce and the comparable termination of a civil union or domestic partnership (coverage subject to your employer's plan).* **** The term "spouse" includes a legal spouse and a party to a civil union or domestic partnership (coverage subject to your employer's plan).*

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

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

ENROLLMENT APPLICATION/CHANGE FORM

BlueCross BlueShield of Illinois

Group # | Section # | Social Security #

Account # | Category

SECTION 1 — ENROLLMENT EVENTS

PLEASE CHECK ALL THAT APPLY – IF YOU ARE DECLINING COVERAGE, COMPLETE SECTIONS 2, 8 AND 9 ONLY

☐ **New Enrollee** ☐ **Add Dependent** ☐ **Open Enrollment** ☐ **Other Changes**

Are you applying as a result of a Special Enrollment Event?

☐ **No** ☐ **Yes, Event Date:** ____ / ____ / ____

Event: ☐ New Hire ☐ Marriage* ☐ Birth
☐ Adoption, Placement for Adoption or Suit for Adoption (provide legal documents)
☐ Court Order (provide court order or decree)
☐ Loss of Other Coverage
☐ Other (explain): _____

Effective Date of Benefits: ____ / ____ / ____ ☐ **Completion of Other Eligibility Requirements**

☐ **Cancel Enrollee** ☐ **Cancel Dependent**

Cancel Coverage: ☐ Health ☐ Dental
☐ Term Life ☐ Dependent Life
☐ Short-Term Disability ☐ Long-Term Disability
List names of those canceling in Section 4 below

Event: ☐ Divorce** ☐ Death
☐ Terminated Employment ☐ Other

Indicate Event Date: ____ / ____ / ____

SECTION 2 — PLEASE TELL US ABOUT YOURSELF

COMPLETE EVEN IF DECLINING COVERAGE

Last Name	First Name	MI (opt)	Suffix	Birth Date (MM/DD/YYYY)	Social Security – –
Mailing Address - Street - Apt #		City		State	ZIP code
Email Address		☐ Male ☐ Female		Home/Cell Phone #	
Name of Employer	Job Title	Business Phone #		Employment Date (MM/DD/YYYY)	On average, how many hours a week do you work? (required)

Eligibility Status: | Active Employee | Retired Employee - Date of Retirement: _____ | COBRA Coverage Start Date _____ Projected End Date _____

☐ Illinois Continuation (insured plans only) Start Date _____ Projected End Date _____

SECTION 3 — SELECT YOUR COVERAGE

PLEASE CHECK ALL THAT APPLY

Small Group Plans (1-50 Employees)

Affordable Care Act Plans
☐ PPO ☐ Other _____
☐ Blue Choice Preferred PPO℠
☐ Blue Options℠
☐ Blue Precision HMO℠
☐ BlueCare Direct℠
Plan # (required) _____

Grandfathered and Grandmothered/Transitional Plans
☐ Blue Advantage Entrepreneur PPO℠
☐ Blue Choice Select PPO℠
☐ BlueEdge Select HSA℠
☐ BlueEdge HSA℠
☐ BlueEdge HCA Direct℠
☐ PPO Value Choice
☐ Blue Advantage HMO℠
☐ Blue Advantage HMO Value Choice℠
☐ Community Participation Organization (CPO)
☐ CPO Value Choice
☐ Other _____
Plan # (required) _____

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

Mid-Market & Large Group Standard Plans 51+
☐ PPO
☐ Blue Advantage HMO℠
☐ Blue Advantage HMO Value Choice℠
☐ Blue Choice Options℠
☐ Blue Choice Select PPO℠
☐ BlueEdge HSA℠
☐ BlueEdge Select HSA℠
☐ Plan # (required) _____
☐ Other _____

Previous BCBSIL or HMO Membership
Group #: _____
Section #: _____
Identification #: _____

Large Group Custom Plans (151+ Employees)

☐ Traditional
☐ PPO
☐ CPO
☐ CPO Value Choice
☐ HMO Illinois®
☐ HMO Illinois® w/HCA
☐ Blue Advantage HMO℠
☐ Blue Advantage HMO℠ w/HCA
☐ Blue Choice Options℠
☐ Blue Choice Select PPO℠
☐ BlueEdge HCA℠
☐ BlueEdge HSA℠
☐ BlueEdge HCA Direct℠
☐ BlueEdge Select HCA℠
☐ BlueEdge Select HSA℠
☐ BlueEdge Select HCA Direct℠
☐ Vision
☐ Hearing
☐ Medicare Supplement
☐ Other _____

Dental

☐ BlueCare Dental PPO℠
☐ BlueCare Dental HMO℠
☐ Dental Group # (if different than Medical Group policy #) _____
☐ Employee and Party to a Civil Union or Domestic Partner
Gender: ☐ Male ☐ Female
☐ Individual/Employee
☐ Employee/Children
☐ Employee/Spouse
☐ Family

Primary Language: _____

Group Term Life, Accidental Death and Dismemberment (AD&D) and Disability Insurance

☐ I am not applying for Group Term Life, AD&D or Disability Insurance coverage

Employee Occupation/Job Title: _____ Wage Rate $_____ per ☐ hour ☐ week ☐ month ☐ year

Group Basic Term Life and AD&D	☐ I do not apply	☐ I do apply	Amount $_____
Group Dependents' Life	☐ I do not apply	☐ I do apply	
Group Supplemental Life	☐ I do not apply	☐ I do apply	
Employee Election: $ _____	Spouse Election: $ _____	Child Election: $ _____	
Short-Term Disability	☐ I do not apply	☐ I do apply	
Long-Term Disability	☐ I do not apply	☐ I do apply	

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

As used on the application (unless indicated otherwise): These terms may be used in a different way in other documents.
** The term "marriage" includes legal marriage and the establishment of a civil union or domestic partnership (coverage subject to your employer's plan).*
*** The term "divorce" includes legal divorce and the comparable termination of a civil union or domestic partnership (coverage subject to your employer's plan).*
**** The term "spouse" includes a legal spouse and party to a civil union or domestic partnership (coverage subject to your employer's plan).*

Life and Disability insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee.
BLUE CROSS® 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.

Last Name: | Social Security #: — — | Group # ☐☐☐☐☐☐

SECTION 4 — COVERAGE OPTIONS

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

Employee/Enrollee's Name		PCP Name PCP #	IPA Name IPA #
WPHCP Name WPHCP #	New Patient? ☐ Y ☐ N	HMO OB/GYN Name (optional)	HMO OB/GYN #

Dependent's Name ☐ Husband ☐ Wife ☐ Domestic Partner ☐ Party to a Civil Union		Dependent's PCP Name	PCP # New Patient? ☐ Y ☐ N
IPA Name IPA #		WPHCP Name WPHCP #	HMO OB/GYN Name (optional) HMO OB/GYN #
Dependent's Social Security # – –	Birth Date (MM/DD/YYYY)	Home Address (if different) Street/City/State/ZIP code	

Dependent's Name ☐ Son ☐ Daughter ☐ Other Eligible Dependent		Dependent's PCP Name	PCP #	New Patient? ☐ Y ☐ N
Birth Date (MM/DD/YYYY)	Home Address (if different) Street/City/State/ZIP code	Is this dependent a natural child, stepchild, foster child, adopted child or a child in suit for adoption? ☐ Y ☐ N	If not your eligible natural child, stepchild, foster child, adopted child or child in suit for adoption, are you (or your spouse) responsible for this dependent? ☐ Y ☐ N	
Dependent's Social Security # – –		IPA Name IPA #	HMO OB/GYN Name (optional) HMO OB/GYN #	

Dependent's Name ☐ Son ☐ Daughter ☐ Other Eligible Dependent		Dependent's PCP Name	PCP #	New Patient? ☐ Y ☐ N
Birth Date (MM/DD/YYYY)	Home Address (if different) Street/City/State/ZIP code	Is this dependent a natural child, stepchild, foster child, adopted child or a child in suit for adoption? ☐ Y ☐ N	If not your eligible natural child, stepchild, foster child, adopted child or child in suit for adoption, are you (or your spouse) responsible for this dependent? ☐ Y ☐ N	
Dependent's Social Security # – –		IPA Name IPA #	HMO OB/GYN Name (optional) HMO OB/GYN #	

Dependent's Name ☐ Son ☐ Daughter ☐ Other Eligible Dependent		Dependent's PCP Name	PCP #	New Patient? ☐ Y ☐ N
Birth Date (MM/DD/YYYY)	Home Address (if different) Street/City/State/ZIP code	Is this dependent a natural child, stepchild, foster child, adopted child or a child in suit for adoption? ☐ Y ☐ N	If not your eligible natural child, stepchild, foster child, adopted child or child in suit for adoption, are you (or your spouse) responsible for this dependent? ☐ Y ☐ N	
Dependent's Social Security # – –		IPA Name IPA #	HMO OB/GYN Name (optional) HMO OB/GYN #	

SECTION 5 — DISABLED DEPENDENT

PLEASE COMPLETE IF APPLICABLE

Name of Disabled Dependent	Nature of Disability
Name of Disabled Dependent	Nature of Disability

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

SECTION 6 — OTHER COVERAGE INFORMATION

PLEASE COMPLETE ALL AREAS THAT APPLY

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

Group Coverage ☐ Y ☐ N	Individual Coverage ☐ Y ☐ N	Name and Address of Other Insurance Carrier	Effective Date (MM/DD/YYYY)	Type of Policy ☐ Employee Only ☐ Employee/Spouse ☐ Employee/Child(ren) ☐ Family

Name of Policyholder	Birth Date (MM/DD/YYYY)	☐ Male ☐ Female	Relationship to Applicant ☐ Self ☐ Spouse ☐ Dependent

Employer's Name	Employment Date (MM/DD/YYYY)	Health Group #	Health ID #	Dental Group #	Dental ID #

SECTION 7 — MEDICARE COVERAGE INFORMATION

PLEASE COMPLETE IF APPLICABLE

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

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SECTION 8 — DECLINATION OF COVERAGE

PLEASE COMPLETE IF YOU ARE DECLINING COVERAGE

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

Name ☐ Employee	Reason for declining **Health**: ☐ Other Group Health Coverage – Carrier: _____ ☐ Medicare ☐ Medicaid ☐ Other Individual Health Coverage – Carrier: _____ ☐ Other (explain) _____ ☐ I am not enrolled in any health insurance plan, but do not want this coverage
Name ☐ Employee	Reason for declining **Dental**: ☐ Other Group Dental Coverage ☐ Medicaid ☐ Individual Dental Coverage ☐ Other (explain)_____ ☐ I am not enrolled in any health insurance plan, but do not want this coverage
Name ☐ Spouse	Reason for declining: ☐ Other Group Health Coverage ☐ Medicare ☐ Medicaid ☐ Other Individual Health Coverage ☐ Other (explain)_____ ☐ I am not enrolled in any health insurance plan, but do not want this coverage
Name ☐ Dependent	Reason for declining: ☐ Other Group Health Coverage ☐ Medicare ☐ Medicaid ☐ Other Individual Health Coverage ☐ Other (explain)_____ ☐ I am not enrolled in any health insurance plan, but do not want this coverage
Name ☐ Dependent	Reason for declining: ☐ Other Group Health Coverage ☐ Medicare ☐ Medicaid ☐ Other Individual Health Coverage ☐ Other (explain)_____ ☐ I am not enrolled in any health insurance plan, but do not want this coverage

SECTION 9 — COVERAGE CONDITIONS

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

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

Applicant's Signature _____ Date _____

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Health care coverage is important for everyone.

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

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

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

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

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

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

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

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

BlueCross BlueShield of Illinois

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

العربية Arabic	إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
Ελληνικά Greek	Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 855-710-6984.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કૉલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें ।.
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkidígíí bee nił h odoonih. Ata'dahalne'ígíí bich'į' hodíílnih kwe'é 855-710-6984.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کررہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.

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