BlueCross BlueShield of Illinois

















Enrollment Guide

City of Crystal Lake
Blue Advantage HMO
07/01/2022

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



Get the Most from Your Health Plan

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

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

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.



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.

Medical Care

Your benefits may include coverage for*:

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

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



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 member ID card for more information.

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

Preventive Care

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

Vision Care

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

BlueCard®

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.

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).

Emergency Care

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

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

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

Urgent Care Centers and Freestanding ERs

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

Reconstructive Surgery

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

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

Utilization Management

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

Substance Use Disorder Treatment

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

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

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

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



Medical Plan Frequently Asked Questions

Q. Are my medical records kept confidential?

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

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

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

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

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

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

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

Some options for non-emergency care include:

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

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

Freestanding ERs:

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

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

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

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

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

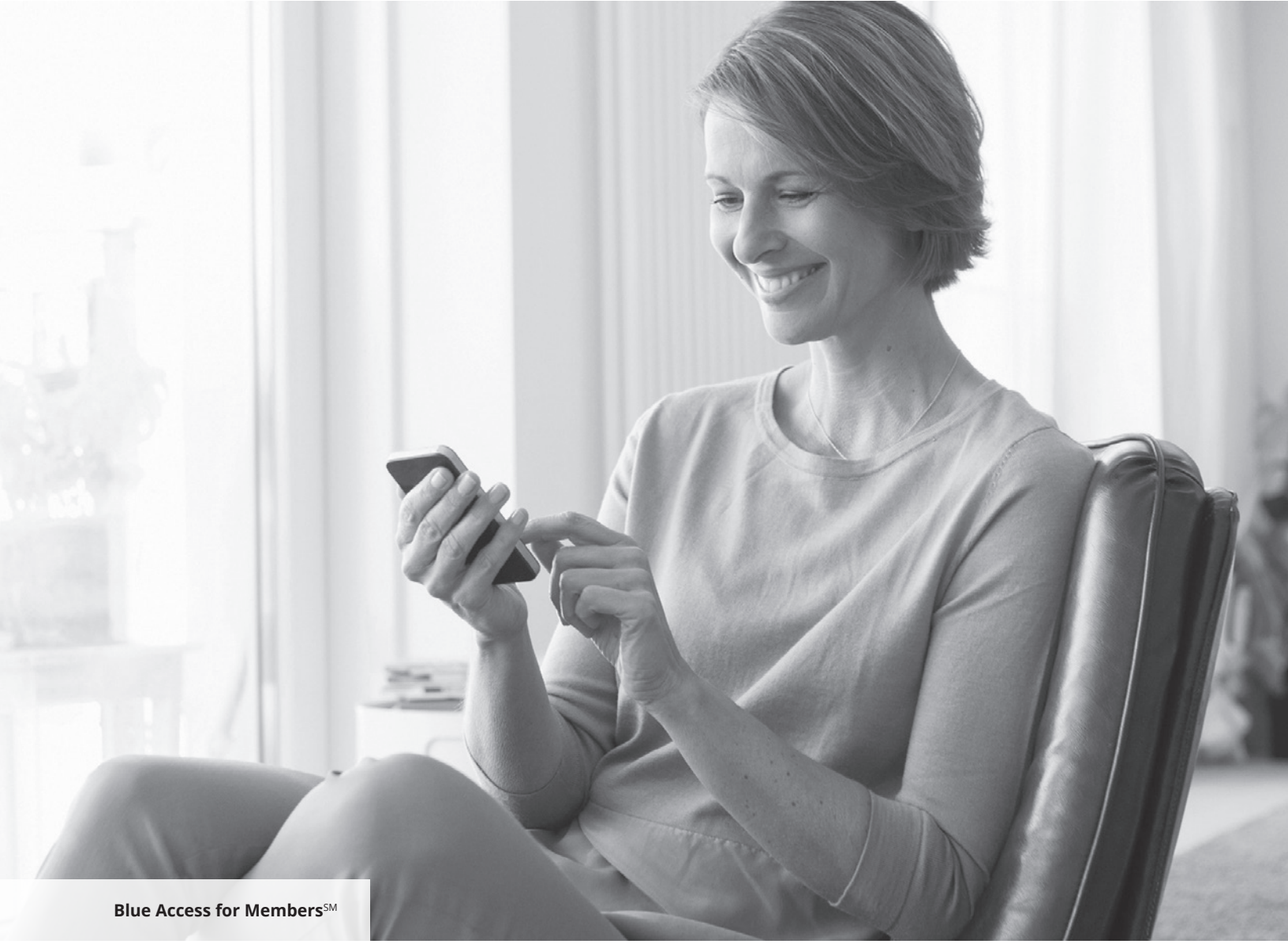
A. In addition to preliminary questions you might ask a new doctor — such as "Are you accepting new patients?" — here are some questions to help you evaluate whether a doctor is right for you.

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

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

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

[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.



Health care at your fingertips.

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

With BAM, you can:

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

It's Easy to Get Started!

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

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

Understanding Your Explanation of Benefits



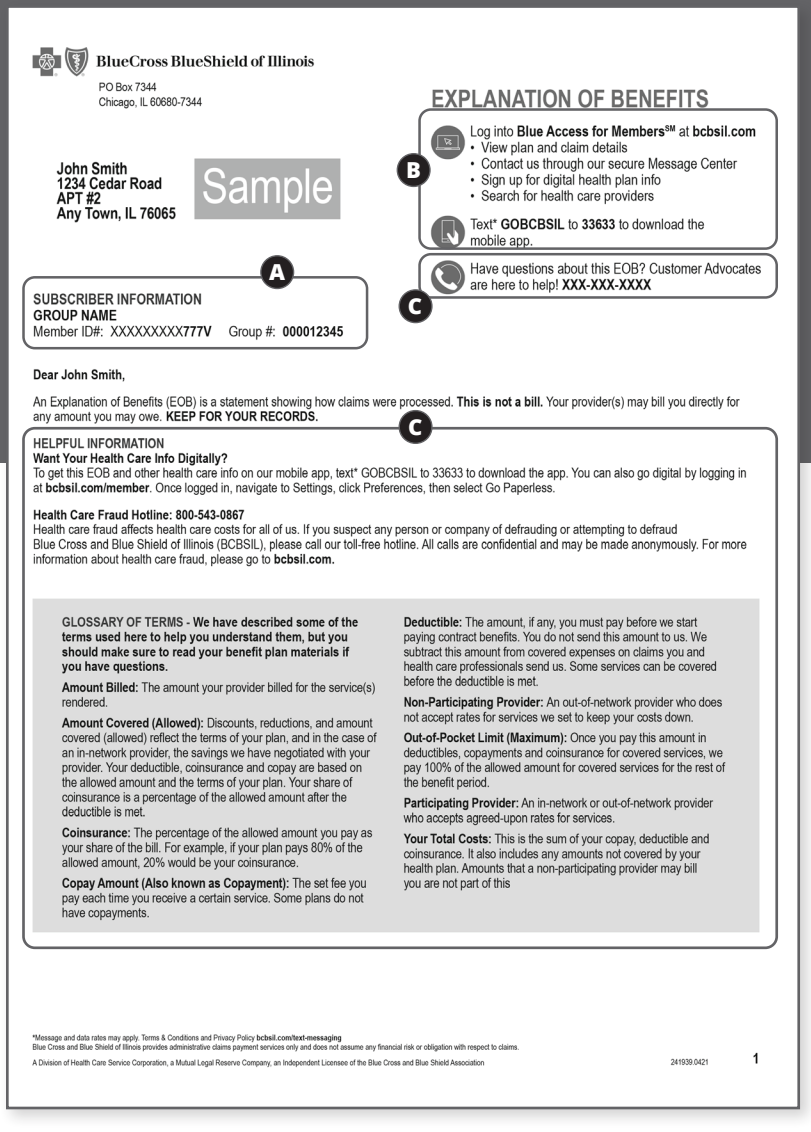
Your **Explanation of Benefits (EOB)** lets you know when and how we process your claims. It isn't a bill. It gives you a detailed look at the covered services and shows how much you may owe your provider after we apply your benefits.

Page One Covers the Basics

A. Confirm your policy ID.

B. Learn how to download the mobile app and access your claims online.

C. Find helpful contacts and a glossary.



BlueCross BlueShield of Illinois

PO Box 7344
Chicago, IL 60680-7344

EXPLANATION OF BENEFITS

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

Sample

B

Log into **Blue Access for Members℠** at **bcbsil.com**
- View plan and claim details
- Contact us through our secure Message Center
- Sign up for digital health plan info
- Search for health care providers

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

Have questions about this EOB? Customer Advocates are here to help! **XXX-XXX-XXXX**

C

A

SUBSCRIBER INFORMATION
GROUP NAME
Member ID#: XXXXXXXXX**777V** Group #: **000012345**

Dear John Smith,

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

C

HELPFUL INFORMATION
Want Your Health Care Info Digitally?
To get this EOB and other health care info on our mobile app, text* GOBCBSIL to 33633 to download the app. You can also go digital by logging in at **bcbsil.com/member**. Once logged in, navigate to Settings, click Preferences, then select Go Paperless.

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

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

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

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

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

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

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

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

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

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

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

*Message and data rates may apply. Terms & Conditions and Privacy Policy **bcbsil.com/text-messaging**
Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

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BlueCross BlueShield of Illinois

F **SUBSCRIBER INFORMATION**
GROUP NAME
Member ID#: XXXXXXXXX**777V** Group #: **000012345**
Customer Advocates are here to help! **XXX-XXX-XXXX**

CLAIM DETAIL (1 OF X)
PATIENT: John Smith **D**
PROVIDER: Ralph Johnston M.D. **E**

Sample

CLAIM # XXXXXXXXXXXX **DATE PROCESSED:** 06/20/2020

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

O²

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

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

Total covered benefits approved for this claim: $2,219.00 to Ralph Johnston M.D. on 06-20-20. **J²**

Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

(1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

(2) Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made. **P**

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

For your up-to-date Medical Spending summary, visit Blue Access for Members℠ on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card. **Q**
JOHN SMITH - For benefit period 01-01-20 through 12-31-20 to date this patient has met $4,515.02 of her/his $7,350.00 Out-of-Pocket Expense Limit.

242384.0421 2

On Page Two You Can:

At a glance, confirm the:

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

Get the Details

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

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

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

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

See Your Cost Share

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

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

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

Get More Information

Your EOB may include a little more information about:

J². Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).

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

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

Sign up to get your EOBs online on **Blue Access for Members℠** or Text* **GOBCBSIL to 33633** to download the mobile app.

* Message and data rates may apply. See terms and conditions and our privacy policy at bcbsil.com/text-messaging.

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We're with you wherever you go

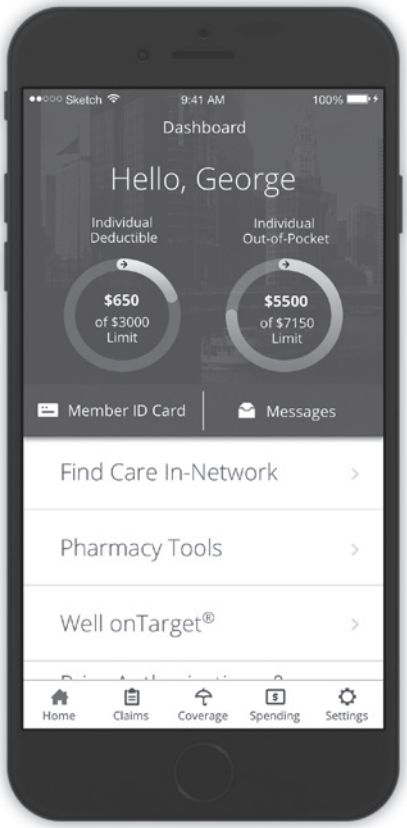
To access your important Blue Cross and Blue Shield of Illinois (BCBSIL) health benefit information anywhere you go, download the BCBSIL App.

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

Text BCBSIL to 33633 to get the app.**

Download on the App Store

GET IT ON Google Play



Available in Spanish

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

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

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Your Rights and Responsibilities

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

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

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

Your Rights and Responsibilities

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



It’s Okay to Need Help

Take care of your mental health to cope with what life brings your way.

If you struggle with thoughts or feelings that make it harder to get through your day, you’re not alone. About half of people in the U.S. will suffer from a mental health issue at some point in their lives.[1]

Care from a mental health expert can help you manage your emotions and deal with challenges.

Mental health is just as important as physical health.

Your health plan includes access to mental health care like therapy and medicines that might help. You and your family members can get support for issues such as:

- Depression
- Anxiety and panic attacks
- Substance use
- Attention deficit (ADHD/ADD)
- Autism
- Bipolar
- Eating disorders

Your journey is one-of-a-kind.

Whether you need support to get through everyday life or a major crisis, seeking help is the first step to getting better.

Find a provider who can help get you where you want to be.

1. Go to **bcbsil.com**.
2. Then, click **Find a Doctor or Hospital**.



When you're ready, we're here.

Taking the first step isn't easy. But you don't have to take it alone. If you're facing a mental health issue, we have experts who can help you learn about your condition and treatment options. Your personal health details won't be shared with your employer. We can also help you find a provider and understand your mental health benefits.

Don't be afraid to reach out – call the Customer Service or behavioral health number on the back of your member ID card.

1. https://www.cdc.gov/mentalhealth/data_publications/index.htm

The Behavioral Health program is available only to those members whose health plans include behavioral health benefits through Blue Cross and Blue Shield of Illinois. Check your benefit booklet, ask your group administrator or call the Customer Service number on the back of your member ID card to verify that you have these services. Member communications and information from the program are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors or behavioral health specialist to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers.

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Experience Wellness Your Way

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

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

Member Wellness Portal

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

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

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

Well onTarget®

*Members can use their Blue Access for Members℠ credentials to access the wellontarget.com site.

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

Fitness Program

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

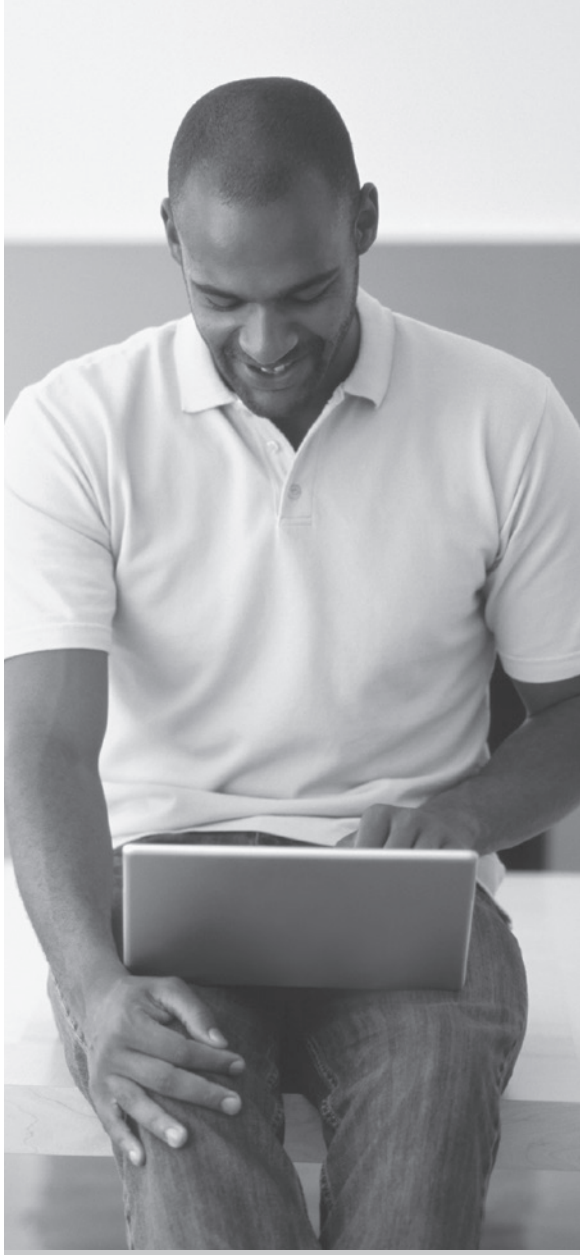
Other program perks include:

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

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

Wellness Program Questions?

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



Take Wellness on the Go

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

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

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

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Well onTarget®

Take Your Health Personally — Take the Health Assessment

What do you take personally in life? Your family? Your work? A hobby? Add your health to the list by taking the Well onTarget Health Assessment.

Just a few minutes and a few personal details — how you eat, how you sleep, how you live your life — can give you a personalized map to your best health. You can find out your risks and your best options to avoid them. Your customized Personal Wellness Report can tell you how to go from good to better.

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

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

While it's not necessary, it would be helpful to have a few personal details on hand when you begin the HA, including your:

- Current height and weight
- Systolic blood pressure (top number) and diastolic blood pressure (bottom number)
- Total cholesterol level
- HDL cholesterol level
- Triglyceride level
- Blood sugar level
- Waist measurement in inches



Take Your Health Assessment Today

You can earn 2,500 Blue Points℠* for taking your HA. Follow these simple steps to get started:

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

How Will the Health Assessment Be Personalized?

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

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

What Should I Do with My Results?

After completing the HA, you will receive a confidential Personal Wellness Report. This can help take the guesswork out of wellness. The report will show you how you are doing and give you healthy tips. You can even print out a Provider Report to share with your doctor.

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

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

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

Take Your Health Assessment on the Go

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



Experience Wellness Your Way

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

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

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

Well onTarget®

*Members can use their Blue Access for Members℠ credentials to access the wellontarget.com site.

- **Online Wellness Challenges:** Challenge yourself to meet your wellness goals.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.
- **Fitness Tracking:** Track your fitness activity using popular fitness devices and mobile apps.
- **Health and wellness content:** Reader-friendly articles about conditions and medicines.

Fitness Program

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

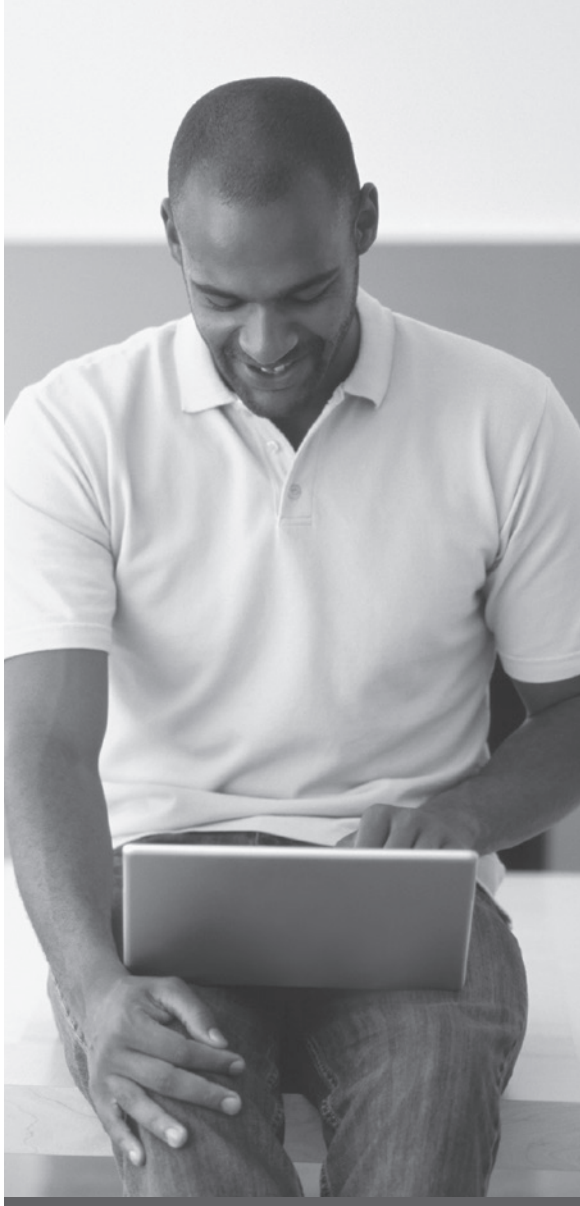
Other program perks include:

- **No long-term contract:** Membership is month to month. Flexible plans from $19 to $99 per month and studio classes are available.[2]
- **Convenient payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.
- **Web resources:** You can go online to search for locations and track your visits.
- **Complementary and Alternative Medicine (CAM):** Discounts Through the Whole Health Living Choices Program, a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. Register at **whlchoices.com**[3].

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

Wellness Program Questions?

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



Take Wellness on the Go

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

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.
2. Taxes apply. Individuals must be at least 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can log in and join through the primary member's account as an "additional member."
3. Not available in Montana or Oklahoma.

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

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Make Your Fitness Program Membership Work for You

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

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

Other program perks include:

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

Options	Digital Only	Base	Core	Power	Elite
Monthly Fee	$10	$19	$29	$39	$99
Gym Facility Network Size†	Digital Access Only	3,000	7,500	12,000	12,400
$19 Initiation Fee *(No initiation fee for Digital Only Option)*					

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

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

Well onTarget®

Features

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

  Check out the Well onTarget Fitness mobile app, available from Apple® or Google Play™. It can help you work on your fitness goals — anytime and anywhere.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine (CAM) Discounts Through the WholeHealth Living Choices Program:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at **www.whlchoices.com**.
- **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.
- **Digital Fitness:** Stay active from the comfort of your own home. Access thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through an online platform. Digital access is included with Base, Core, Power and Elite memberships. You can also join the Digital Only plan option if only interested in access to digital fitness options.

Are You Ready for Fitness?

It's easy to sign up:

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

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

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

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



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

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

***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.

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

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

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.

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

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BlueCross BlueShield of Illinois

2022



Adult Wellness Guidelines

Making Preventive Care a Priority

Adult Health – for ages 18 and over

Preventive care is very important for adults. By making some good, basic health choices, women and men can boost their health and well-being. Some of these positive choices include:

- Eat a healthy diet
- Get regular exercise
- Don't use tobacco
- Limit alcohol use
- Strive for a healthy weight

Screenings	
Weight	Every visit or at least annually
Body Mass Index (BMI)	Every visit or at least annually
Blood Pressure (BP)	Every visit or at least annually
Cholesterol	Adults 40 to 75 years of age should be screened; or adults 20 to 39 years old who have risk for coronary heart disease. Talk with your health care provider* about the starting and frequency of screening that is best for you.
Colon Cancer Screening	Adults age 45-75 for colorectal cancer using: Guaiac Fecal Occult Blood Test (gFOBT) annually or; Fecal Immunochemical Testing (FIT) annually or; Fecal Immunochemical Testing (FIT)-DNA every 1-3 years or; Flexible sigmoidoscopy every 5 years or; Flexible sigmoidoscopy every 10 years with FIT annually or; Colonoscopy every 10 years or; CT Colonography every 5 years.** The risks and benefits of different screening methods vary. For details about pharmacy benefit coverage, call the number on the back of your Member I.D. card.
Diabetes Screening	Those with high blood pressure should be screened. Those who are overweight or have cardiovascular risk factors should be screened. All others should be screened starting at age 45.**
Hepatitis C (HCV) Screening	Once for adults age 18-79. Most adults need to be screened only once. Persons with continued risk for HCV infection (eg, PWID) should be screened periodically; and persons at high risk for infection
HIV Screening	Adults ages 18 to 65, older adults at increased risk and all pregnant women should be screened. Those 26-45 years of age, should discuss their options with their health care provider.

* A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

** Recommendations may vary. Discuss the start and frequency of screenings with your health care provider, especially if you are at increased risk.

Adult Health

Men and women are encouraged to get care as needed, make smart choices and make regular screenings a priority. That includes following a healthy lifestyle and getting recommended preventive care services. If everyone follows a game plan for better overall health, they'll be more likely to win at wellness.

In addition to the services listed in the Adult Health section, you should also discuss the recommendations shown in the chart to the right with your health care provider.

Immunizations (Vaccines)	
Tetanus Diphtheria Pertussis (Td/Tdap)	Get Tdap vaccine once, then a Td booster every 10 years
Influenza (Flu)	Yearly
Human Papillomavirus (HPV)	All Adults age 18-26, 2 or 3 doses depending on age at time of initial vaccination if not already given.** Those 27-45 should discuss options with their health care provider.
Herpes Zoster (Shingles)	Two doses of RZV starting at age 50, or one dose of ZVL at age 60 or over. Discuss your options with your health care provider.*
Varicella (Chicken Pox)	2 doses (if born in 1980 or later)
Pneumococcal (Pneumonia)	Ages 65 and over, one dose of PCV 13 and one dose of PCV 23 at least one year after PCV 13**
Measles, Mumps, Rubella (MMR)	1 or 2 doses for adults born in 1957 or later who have no evidence of immunity
COVID-19 Vaccine	The CDC recommends adults get the COVID-19 vaccine. Talk to your health care provider or pharmacist about the COVID-19 vaccine and when you should get it.
Women's Recommendations	
Mammogram	At least every 2 years for women ages 50 to 74 Ages 40 to 49 should discuss the risks and benefits of screening with their health care provider
Cervical Cancer Screening	Women ages 21 to 65: Pap test every 3 years Another option for ages 30 to 65: Pap test with HPV test every 5 years Women who have had a hysterectomy or are over age 65 may not need a Pap test*
Osteoporosis Screening	Women who are at an increased risk for osteoporosis should be screened at ages 65 and older.
Low-dose Aspirin Use	Ages 50-59 talk with your health care provider about low-dose aspirin use for the prevention of cardiovascular disease and colorectal cancer.
Intensive Behavioral Counseling	All sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).
Men's Recommendations	
Prostate Cancer Screening	Discuss the benefits and risks of screening with your health care provider.**
Abdominal Aortic Aneurysm	Have an ultrasound once between ages 65 to 75 if you have ever smoked.
Low-dose Aspirin Use	Ages 50-59 talk with your health care provider about low-dose aspirin use for the prevention of cardiovascular disease and colorectal cancer.

Learn more. Additional sources of health information include:

- ahrq.gov/patients-consumers/prevention/index.html
- cancer.org/healthy/index
- cdc.gov/healthyliving/

You probably don't hesitate to ask your health care provider about nutrition and exercise, losing weight and stopping smoking. Other topics for discussion may include:

- Dental health
- Problems with drugs or alcohol
- Sexual behavior and sexually transmitted diseases
- Feelings of depression
- Domestic violence
- Accident/injury prevention
- Preventing falls, especially for ages 65 and over

* Recommendations may vary. Discuss screening options with your health care provider, especially if you are at increased risk.

The recommendations provided in the table are based on information from organizations such as the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American Cancer Society and the United States Preventive Services Task Force. The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individualized advice on the recommendations provided.

** Coverage for preventive care services at no cost share may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card.

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BlueCross BlueShield of Illinois

2022



Good health is a gift anyone would wish for a child, but it doesn't happen without your help.

Some things you can do to help keep your child well:

- Introduce good nutrition at an early age and be a good role model
- Encourage lots of play and physical activity
- Keep up with recommended vaccines

Blue Cross and Blue Shield of Illinois (BCBSIL) wants your child to be well.

Children's Wellness Guidelines

Laying the Groundwork for a Healthy Tomorrow

Children's Health

Put your child on the path to wellness. Schedule a yearly Well Child visit with your child's health care provider* following immunization guidelines. The health care provider will watch your child's growth and progress and should talk with you about eating and sleeping habits, safety and behavior issues.

According to the Bright Futures recommendations from the American Academy of Pediatrics, the provider should:

- Check your child's Body Mass Index percentile regularly beginning at age 2
- Check blood pressure yearly, beginning at age 3
- Screen hearing at birth, then yearly from ages 4 to 6, then at ages 8 and 10
- Test vision yearly from ages 3 to 6, then at ages 8, 10, 12, and 15

Help protect your child from sickness. Make sure they get the recommended vaccinations shown in the charts. If your child has missed vaccinations, ask your health care provider how to catch up.

Learn more. An additional source of health information is available at **healthychildren.org**.

Please note: These recommendations are for healthy children who don't have any special health risks. Take time to check the following summaries of key preventive services.

*A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

Be sure your child is up-to-date on immunizations and health screenings.

Routine Children's Immunization Schedule[1]

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	11/2 - 3 years	4 - 6 years
Hepatitis B (HepB)	●		●			●				
Rotavirus (RV) RV1 (2 Dose Series); RV 5 (3 Dose Series)			●	●	● 3 dose series					
Diphtheria Tetanus and Pertussis (DTaP)			●	●	●		●			●
Haemophilus Influenzae Type B (Hib)			●	●	●	●				
Pneumococcal Conjugate (PCV)			●	●	●	●				
Inactivated Polio Vaccine (IPV)			●	●		●				●
Influenza (Flu)					● Recommended **yearly** starting at age 6 months with 2 doses given the first year					
Measles, Mumps and Rubella (MMR)						●				●
Varicella (Chicken pox)						●				●
Hepatitis A (HepA)						● First dose: 12 to 23 months Second dose: 6 to 18 months later			●	

● One dose Shaded areas indicate the vaccine can be given during shown age range.

Adolescents

As your children grow into adolescents, they should continue yearly preventive care visits for exams and scheduled immunizations. These visits give the health care provider a chance to:

- Discuss the importance of good eating habits and regular physical activity.
- Talk about avoiding alcohol, smoking and drugs.
- Screen for sexual activity and sexually transmitted diseases as appropriate.
- Screen for HIV between the ages of 15 and 18, or earlier if at increased risk.

Recommended Immunizations for ages 7 to 18[1]

Vaccine	7 - 10 years	11 - 12 years	13 - 15 years	16 years	17 - 18 years
Tetanus Diphtheria Pertussis (Tdap)		●			
Human Papillomavirus (HPV) - boys and girls		● 2 doses			
Meningococcal (MenACWY)		●		●	
Influenza (Flu)		Yearly			

1. These recommendations come from the Centers for Disease Control and Prevention and the American Academy of Pediatrics (cdc.gov/vaccines/hcp/acip-recs/index.html). The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individual advice on the recommendations provided.

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Clinically-proven weight loss without counting calories

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods.

Your employer has partnered with Wondr Health™ to help you improve your health at no cost to you.*

Go to wondrhealth.com/BCBSIL



What is Wondr?

No points, plans, or counting calories
Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians (which is why we left out the "e" in Won**dr**) and is clinically-proven for lasting results.

LET'S TALK RESULTS

In as little as 10 weeks:

84% LOST WEIGHT	62% FEEL MORE CONFIDENT	61% HAVE MORE ENERGY
68% ARE MORE PHYSICALLY ACTIVE	85% FEEL MORE IN CONTROL OF THEIR WEIGHT	57% FEEL THEIR MOOD HAS IMPROVED

*To learn more and join the waitlist, visit: wondrhealth.com/BCBSIL

*Based on Wondr Health Book of Business

wondr | FORMERLY NATURALLY SLIM

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What to expect

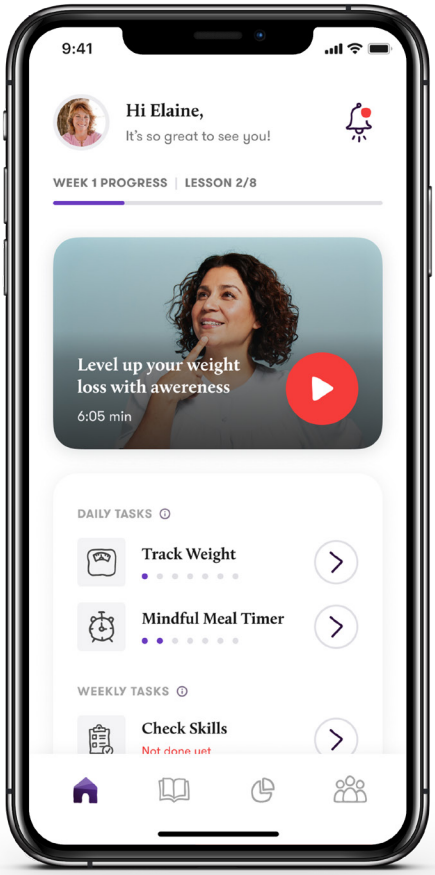
Learn more or apply at wondrhealth.com/BCBSIL. Application period not open yet? Join our waitlist.

You'll receive a Welcome Kit to kick off the program after your application's been accepted.

Sign in online or on our mobile app (available on App Store and Google Play) to access weekly video lessons and our mindful eating tools.

Watch our weekly master classes. On your start date, you can sign in to view your Week 1 videos and start your journey to better overall health.

Learn life-changing skills during the program's first phase—WondrSkills™, then move to the skill reinforcement phase—WondrUp™, and keep the momentum going in the skill maintenance phase—WondrLast™.



GET IT ON Google Play

Download on the App Store

Questions? Visit support.wondrhealth.com.



"I love the whole idea of the psychology of things. I like to look in the why's and how it works. You can eat whatever you want. You just need to retrain your brain into thinking about how you need to eat your food."

—Brad M.
WONDR PARTICIPANT

LOST 70 lbs | GAINED Confidence

wondr FORMERLY NATURALLY SLIM

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BlueCross BlueShield of Illinois

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

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

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

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

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

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

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in payment for your care • Share information in a disaster or relief situation • Contact you for fundraising efforts

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

We never share your information in these situations unless you give us written permission	• Marketing purposes • Sale of your information

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

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

Help manage the health care treatment you receive	• We can use your health information and share it with professionals who are treating you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*
Run our organization	• We can use and disclose your information to run our organization and contact you when necessary. *Example: We use health information to develop better services for you.*

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

Pay for your health Services	• We can use and disclose your health information since we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.*
Administer your plan	• We may disclose your health information to your health plan sponsor for plan administration purposes. *Example: If your company contracts with us to provide a health plan, we may provide them certain statistics to explain the premiums we charge.*

How else can we use or share your health information?

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

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

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

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

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

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

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

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

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

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

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

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

CHANGES TO THESE NOTICES

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

CONTACT INFORMATION FOR THESE NOTICES

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

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

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

REVIEWED: January 2020

Health care coverage is important for everyone.

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

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

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

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

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

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

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

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

BlueCross BlueShield of Illinois

The HMOs of Blue Cross and Blue Shield of Illinois

ENROLLMENT AND POLICY CHANGE FORM

Employer Only: Please complete the following information

❑ Open Enrollment	❑ Timely Enrollment (New Hires)	❑ Special Enrollment (Family Status Change)	❑ Policy Change (Add Dependent see Section 5)	COBRA/IL Continuation-Effective Date Begin Date: MM / DD / YY End Date: MM / DD / YY
Group Number	Section Number	Coverage Effective Date		

HMO Network

HMO Illinois ☐ w/HCA (BlueEdge℠ HMO) **Blue Advantage HMO℠** ☐ w/HCA (BlueEdge℠ HMO)
Dental ☐ Individual ☐ Employee ☐ Employee & Spouse ☐ Employee & Child(ren) ☐ Family
Enter Dental Group number if different than Medical Group policy number.
Dental Group # _____ ☐ BlueCare Dental PPO ☐ BlueCare Dental HMO

A Woman's Principal Health Care Provider may be seen for care without referrals from your Primary Care Physician, however your Primary Care Physician and your Woman's Principal Health Care Provider must be affiliated with or employed by your Participating IPA/Participating Medical Group.

Section 1: Employee Information – Please complete this entire section.
You must indicate your network PCP, WPHCP (if applicable) and their contracting Medical Group (MG) name and number.

Social Security Number	Last Name	First Name	Middle Initial

Street Address	City	State	Zip

Are you ❑ Male ❑ Female	Date of Birth MM / DD / YY	Marital Status ❑ Married ❑ Not Married	Date of Hire MM / DD / YY	Home Phone	Cell Phone

Employment Status ❑ Active ❑ Retiree ❑ COBRA ❑ IL Continuation	Company Name	Payroll Location	Business Phone ( )

Dental HMO Office ID#	PCP's MG#	PCP's Medical Group Name	PCP's Name	PCP's Provider #
_____				
	WPHCP's MG#	WPHCP's Medical Group Name	WPHCP's Name	WPHCP's Provider #

Section 2: Family Coverage Information – Complete this section if electing family coverage. List all dependents including name, birth date, and social security number. Each family member may select a different contracting Medical Group (MG), PCP, and WPHCP. In the appropriate spaces below, please indicate the name and number of each dependent's contracting Medical Group, PCP and WPHCP. 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 elect HMO or BlueChoice Select coverage, your dependents must live within the defined service area.

❑ Spouse ❑ Domestic Partner	Date of Birth MM / DD / YY	Last Name (if different)	First Name	Social Security Number
Dental HMO Office ID#	PCP's MG#	PCP's Medical Group Name	PCP's Name	PCP's Provider #
_____	WPHCP's MG#	WPHCP's Medical Group Name	WPHCP's Name	WPHCP's Provider #
❑ Daughter ❑ Son	Date of Birth MM / DD / YY	Last Name (if different)	First Name	Social Security Number
Dental HMO Office ID#	PCP's MG#	PCP's Medical Group Name	PCP's Name	PCP's Provider #
❑ Eligible Military Personnel	WPHCP's MG#	WPHCP's Medical Group Name	WPHCP's Name	WPHCP's Provider #
Address (if different)				
❑ Daughter ❑ Son	Date of Birth MM / DD / YY	Last Name (if different)	First Name	Social Security Number
Dental HMO Office ID#	PCP's MG#	PCP's Medical Group Name	PCP's Name	PCP's Provider #
❑ Eligible Military Personnel	WPHCP's MG#	WPHCP's Medical Group Name	WPHCP's Name	WPHCP's Provider #
Address (if different)				
❑ Daughter ❑ Son	Date of Birth MM / DD / YY	Last Name (if different)	First Name	Social Security Number
Dental HMO Office ID#	PCP's MG#	PCP's Medical Group Name	PCP's Name	PCP's Provider #
❑ Eligible Military Personnel	WPHCP's MG#	WPHCP's Medical Group Name	WPHCP's Name	WPHCP's Provider #
Address (if different)				

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BlueCross BlueShield of Illinois

The HMOs of Blue Cross and Blue Shield of Illinois

PLEASE PRINT — USE BALL POINT PEN ONLY — ***PRESS HARD.***

Note: Please verify your PCP and (if applicable) WPHCP selection with your contracting Medical Group (MG) when you receive your HMO identification cards.

Section 3: Medicare Information – Are you, your spouse, or dependent(s) eligible for, or covered by Medicare? No Yes
If yes, please complete the section below for each individual eligible for, or covered by Medicare. If no, please go to Section 4.

Please check and list the individual(s) eligible for, or covered by, Medicare: ❑ Self ❑ Spouse ❑ Dependent(s)

Name:_____ Name:_____

If more than one two individual(s) are eligible for, or covered by Medicare, please list the name(s) on a separate, attached sheet of paper.

Helpful Hints for Completing:
HIC number is the Health Insurance Claim account number. This number can be found on the individual's Medicare Card.
ESRD is the date when the End Stage Renal Disease regular course of dialysis began.
Start Date is when the date the individual became eligible for Medicare.
End Date is the date Medicare entitlement ended.

HIC #	Medicare Part B	ESRD Dialysis	Disability
Medicare Part A Start Date: MM / DD / YY	Start Date: MM / DD / YY End Date: MM / DD / YY	Start Date: MM / DD / YY End Date: MM / DD / YY	Start Date: MM / DD / YY End Date: MM / DD / YY

Section 4: Other Group Health Insurance Information – Complete this section if you or any of your family members have other group health insurance

Insured's Name	Employed By	Birth Date MM / DD / YY	Policy Number

Insurance Company Name	Address	City	State	Zip

Section 5: Policy Change – Complete this section if you are changing information to your existing policy.

Check reason for adding dependents: ❑ Marriage ❑ Birth ❑ Adoption* ❑ Guardianship* Date of the event: MM / DD / YY
*Legal documentation required.
List added dependent(s) as listed in Section 2:

Name:_____ Name:_____

❑ List new name(s) as listed in Section 1 or 2:

Name:_____ Name:_____

❑ List dropped dependent(s) as listed in Section 2:

Name:_____ Name:_____

I represent that all information furnished by me on this application is true and complete to the best of my knowledge.

I understand that the services listed in the HMO certificate(s) will be available, subject to the Term and Conditions thereof, beginning with hospital admissions or medical care rendered, on or after the coverage date set by Blue Cross and Blue Shield of Illinois (BCBSIL).

I understand that BCBSIL use or disclosure of individually identifiable health information, whether furnished by me or obtained from other sources such as medical providers, shall be in accordance with the federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).

I also authorize my employer/group to deduct from my pay and remit the prevailing fee that may be required for cost of said coverage. This authorization is to remain in effect until my employer/group is notified in writing to the contrary.

Signature of Applicant: _____ **Date Signed:** MM / DD / YY

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