BlueCross BlueShield of Illinois

















Enrollment Guide

Novomatic Americas Sales, LLC

01/01/2026



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.

BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

: MIBPP2075 BluePrint PPO 2075 - Rx Copays

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsil.com/member/2026-policy-documents or by calling 1-800-541-2768. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Individual: Participating $1,500; Non-Participating $3,000 Family: Participating $4,500; Non-Participating $9,000	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care services and services with a copayment and prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	Yes. Out-of-Network Inpatient $300.There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	Individual: Participating $4,000; Non-Participating $12,000 Family: Participating $12,000; Non-Participating $36,000	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-541-2768 for a list of Participating Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$35/visit; deductible does not apply	40% coinsurance	Virtual Visits: No Charge; deductible does not apply. See your benefit booklet* for more details.
	Specialist visit	$60/visit; deductible does not apply	40% coinsurance	None
	Preventive care/screening/ immunization	No Charge; deductible does not apply	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Primary Care: $35/visit Specialist: $60/visit; deductible does not apply	40% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbsil.com/rx-drugs/drug-lists/drug-lists	Generic drugs (Preferred)	Retail: Preferred - $5/prescription Non-Preferred - $15/prescription Mail: $15/prescription; deductible does not apply	Retail: $15/prescription; deductible does not apply	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copayment/coinsurance. Additional charge will not apply to any deductible or out-of-pocket amounts. You may be eligible to synchronize your prescription refills, please see your benefit booklet* for details. The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity
	Generic drugs (Non-Preferred)	Retail: Preferred - $15/prescription Non-Preferred - $25/prescription Mail: $45/prescription; deductible does not apply	Retail: $25/prescription; deductible does not apply	
	Brand drugs (Preferred)	Retail: Preferred - $60/prescription Non-Preferred - $80/prescription Mail: $180/prescription; deductible does not apply	Retail: $80/prescription; deductible does not apply	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
	Brand drugs (Non-Preferred)	Retail: Preferred - $110/prescription Non-Preferred - $130/prescription Mail: $330/prescription; deductible does not apply	Retail: $130/prescription; deductible does not apply	or type, shall not exceed $35, when obtained from a Preferred Participating or Participating Pharmacy.
	Specialty drugs (Preferred)	$250/prescription; deductible does not apply	$250/prescription; deductible does not apply	
	Specialty drugs (Non-Preferred)	$350/prescription; deductible does not apply	$350/prescription; deductible does not apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Preauthorization may be required. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	
If you need immediate medical attention	Emergency room care	$150/visit; deductible does not apply	$150/visit; deductible does not apply	Copayment waived if admitted.
	Emergency medical transportation	20% coinsurance	20% coinsurance	Preauthorization may be required for non-emergency transportation; see your benefit booklet* for details.
	Urgent care	20% coinsurance	40% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	$300/visit plus 40% coinsurance	Preauthorization required. Preauthorization penalty: $1,000 or 50% of the eligible charge In-Network, $500 Out-of-Network. See your benefit booklet* for details.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	Preauthorization required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$35/office visit; deductible does not apply 20% coinsurance for other outpatient services	40% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Inpatient services	20% coinsurance	$300/visit plus 40% coinsurance	Preauthorization required.
If you are pregnant	Office visits	Primary Care: $35/initial visit Specialist: $60/initial visit; deductible does not apply	40% coinsurance	Copayment applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance, or

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery facility services	20% coinsurance	$300/visit plus 40% coinsurance	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	Preauthorization may be required.
	Rehabilitation services	20% coinsurance	40% coinsurance	Preauthorization may be required.
	Habilitation services	20% coinsurance	40% coinsurance	
	Skilled nursing care	20% coinsurance	$300/visit plus 40% coinsurance	Preauthorization may be required.
	Durable medical equipment	20% coinsurance	40% coinsurance	Benefits are limited to items used to serve a medical purpose. Durable Medical Equipment benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	20% coinsurance	40% coinsurance	Preauthorization may be required.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

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

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

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

- Bariatric surgery
- Chiropractic care (Chiropractic and Osteopathic manipulation limited to 30 visits per calendar year)
- Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)
- Hearing aids (1 per ear every 24 months)
- Infertility treatment (4 completed oocyte retrieval maximum, with special approval up to 6 per benefit period.)
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care (only in connection with diabetes)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-541-2768 or www.bcbsil.com, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

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

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

Language Access Services:

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

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-541-2768.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-541-2768.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-541-2768.

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

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

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

The plan's overall deductible	**$1,500**
Specialist copayment	**$60**
Hospital (facility) coinsurance	**20%**
Other coinsurance	**20%**

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$1,500
Copayments	$500
Coinsurance	$2,000
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$4,060**

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

The plan's overall deductible	**$1,500**
Specialist copayment	**$60**
Hospital (facility) coinsurance	**20%**
Other coinsurance	**20%**

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$800
Copayments	$1,100
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,920**

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

The plan's overall deductible	**$1,500**
Specialist copayment	**$60**
Hospital (facility) coinsurance	**20%**
Other coinsurance	**20%**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$1,500
Copayments	$300
Coinsurance	$40
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,840**

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

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Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language 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, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

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

US Dept of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Washington, DC 20201	Complaint Forms:	hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔855-710-6984 (711:TTY) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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BlueCross BlueShield of Illinois
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company : MIEEA3033 BlueEdge HSA 3033

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsil.com/member/2026-policy-documents or by calling 1-800-541-2768. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Individual: Participating $2,500; Non-Participating $5,000 Family: Participating $5,000; Non-Participating $10,000	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Certain preventive care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	Yes. Out-of-Network Inpatient $300.There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	Individual: Participating $5,000; Non-Participating $15,000 Family: Participating $7,350; Non-Participating $22,050	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-541-2768 for a list of Participating Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	40% coinsurance	Virtual Visits: 20% coinsurance. See your benefit booklet* for more details.
	Specialist visit	20% coinsurance	40% coinsurance	None
	Preventive care/screening/ immunization	No Charge; deductible does not apply	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbsil.com/rx-drugs/drug-lists/drug-lists	Generic drugs (Preferred)	Preferred – 10% coinsurance Non-Preferred - 20% coinsurance	Retail: 20% coinsurance	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copayment/coinsurance. Additional charge will not apply to any deductible or out-of-pocket amounts. You may be eligible to synchronize your prescription refills, please see your benefit booklet* for details. The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed $35, when obtained from a Preferred Participating or Participating Pharmacy.
	Generic drugs (Non-Preferred)	Preferred – 10% coinsurance Non-Preferred - 20% coinsurance	Retail: 20% coinsurance	
	Brand drugs (Preferred)	Preferred – 20% coinsurance Non-Preferred - 30% coinsurance	Retail: 30% coinsurance	
	Brand drugs (Non-Preferred)	Preferred – 30% coinsurance Non-Preferred - 40% coinsurance	Retail: 40% coinsurance	
	Specialty drugs (Preferred)	40% coinsurance	40% coinsurance	
	Specialty drugs (Non-Preferred)	50% coinsurance	50% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Preauthorization may be required. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	
If you need immediate medical attention	Emergency room care	20% coinsurance	20% coinsurance	None
	Emergency medical transportation	20% coinsurance	20% coinsurance	Preauthorization may be required for non-emergency transportation; see your benefit booklet* for details.
	Urgent care	20% coinsurance	40% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	$300/visit plus 40% coinsurance	Preauthorization required. Preauthorization penalty: $1,000 or 50% of the eligible charge In-Network, $500 Out-of-Network. See your benefit booklet* for details.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	Preauthorization required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% coinsurance	40% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Inpatient services	20% coinsurance	$300/visit plus 40% coinsurance	Preauthorization required.
If you are pregnant	Office visits	20% coinsurance	40% coinsurance	Cost sharing does not apply for preventive services. Depending on the type of services, a coinsurance, or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	$300/visit plus 40% coinsurance	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	Preauthorization may be required.
	Rehabilitation services	20% coinsurance	40% coinsurance	Preauthorization may be required.
	Habilitation services	20% coinsurance	40% coinsurance	
	Skilled nursing care	20% coinsurance	$300/visit plus 40% coinsurance	Preauthorization may be required.
	Durable medical equipment	20% coinsurance	40% coinsurance	Benefits are limited to items used to serve a medical purpose. Durable Medical Equipment benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	20% coinsurance	40% coinsurance	Preauthorization may be required.

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

Excluded Services & Other Covered Services:

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

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

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

- Bariatric surgery
- Chiropractic care (Chiropractic and Osteopathic manipulation limited to 30 visits per calendar year)
- Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)
- Hearing aids (1 per ear every 24 months)
- Infertility treatment (4 completed oocyte retrieval maximum, with special approval up to 6 per benefit period.)
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care (only in connection with diabetes)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-541-2768 or www.bcbsil.com, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

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

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

Language Access Services:

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

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-541-2768.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-541-2768.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-541-2768.

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

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

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

The plan's overall deductible	**$2,500**
Specialist coinsurance	**20%**
Hospital (facility) coinsurance	**20%**
Other coinsurance	**20%**

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$2,500
Copayments	$0
Coinsurance	$2,000
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$4,560**

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

The plan's overall deductible	**$2,500**
Specialist coinsurance	**20%**
Hospital (facility) coinsurance	**20%**
Other coinsurance	**20%**

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$2,300
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$2,820**

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

The plan's overall deductible	**$2,500**
Specialist coinsurance	**20%**
Hospital (facility) coinsurance	**20%**
Other coinsurance	**20%**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$2,500
Copayments	$0
Coinsurance	$60
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,560**

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

BlueCross BlueShield of Illinois

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Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language 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, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

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

US Dept of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Washington, DC 20201	Complaint Forms:	hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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

BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔855-710-6984 (711:TTY) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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

BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company : MIBCO2035 Blue Choice Options 2035 - Rx Copays

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsil.com/member/2026-policy-documents or by calling 1-800-541-2768. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Individual: Blue Choice $1,000 PPO $2,500 Out-of-Network $5,000 Family: Blue Choice $3,000 PPO $7,500 Out-of-Network $15,000	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care services and services with a copayment and prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	Yes. ER $400; Inpatient $250/$500/$600; Outpatient Surgery Facility $200/$400/$500. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	Individual: Blue Choice $3,000 PPO $6,000 Out-of-Network $18,000 Family: Blue Choice $9,000 PPO $12,000 Out-of-Network $36,000	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-541-2768 for a list of Participating Providers.	You pay the least if you use a provider in Blue Choice Network. You pay more if you use a provider in PPO Network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Provider (You will pay the least)	Participating Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$30/visit; deductible does not apply	$55/visit; deductible does not apply	50% coinsurance	Virtual Visits: $25/visit; deductible does not apply. See your benefit booklet* for more details.
	Specialist visit	$60/visit; deductible does not apply	$110/visit; deductible does not apply	50% coinsurance	None
	Preventive care/screening/ immunization	No Charge; deductible does not apply	No Charge; deductible does not apply	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Primary Care: $30/visit Specialist: $60/visit; deductible does not apply	Primary Care: $55/visit Specialist: $110/visit; deductible does not apply	50% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	50% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbsil.com/rx-drugs/drug-lists/drug-lists	Generic drugs (Preferred)	Retail: Preferred - $5/prescription Non-Preferred - $15/prescription Mail: $15/prescription; deductible does not apply	Retail: Preferred - $5/prescription Non-Preferred - $15/prescription Mail: $15/prescription; deductible does not apply	Retail: $15/prescription; deductible does not apply	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. All Out-of-Network prescriptions are subject to a
	Generic drugs (Non-Preferred)	Retail: Preferred - $15/prescription Non-Preferred - $25/prescription Mail: $45/prescription; deductible does not apply	Retail: Preferred - $15/prescription Non-Preferred - $25/prescription Mail: $45/prescription; deductible does not apply	Retail: $25/prescription; deductible does not apply	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Provider (You will pay the least)	Participating Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
	Brand drugs (Preferred)	Retail: Preferred - $45/prescription Non-Preferred - $65/prescription Mail: $135/prescription; deductible does not apply	Retail: Preferred - $45/prescription Non-Preferred - $65/prescription Mail: $135/prescription; deductible does not apply	Retail: $65/prescription; deductible does not apply	50% additional charge after the applicable copayment/coinsurance. Additional charge will not apply to any deductible or out-of-pocket amounts. You may be eligible to synchronize your prescription refills, please see your benefit booklet* for details. The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed $35, when obtained from a Preferred Participating or Participating Pharmacy.
	Brand drugs (Non-Preferred)	Retail: Preferred - $85/prescription Non-Preferred - $105/prescription Mail: $255/prescription; deductible does not apply	Retail: Preferred - $85/prescription Non-Preferred - $105/prescription Mail: $255/prescription; deductible does not apply	Retail: $105/prescription; deductible does not apply	
	Specialty drugs (Preferred)	$250/prescription; deductible does not apply	$250/prescription; deductible does not apply	$250/prescription; deductible does not apply	
	Specialty drugs (Non-Preferred)	$350/prescription; deductible does not apply	$350/prescription; deductible does not apply	$350/prescription; deductible does not apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$200/visit plus 10% coinsurance	$400/visit plus 30% coinsurance	$500/visit plus 50% coinsurance	Preauthorization may be required. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	50% coinsurance	
If you need immediate medical attention	Emergency room care	$400/visit plus 10% coinsurance	$400/visit plus 10% coinsurance	$400/visit plus 10% coinsurance	Per occurrence deductible waived if admitted.
	Emergency medical transportation	10% coinsurance	10% coinsurance	10% coinsurance	Preauthorization may be required for non-emergency transportation; see your benefit booklet* for details.
	Urgent Care	$75/visit; deductible does not apply	$75/visit; deductible does not apply	$75/visit; deductible does not apply	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Provider (You will pay the least)	Participating Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	$250/visit plus 10% coinsurance	$500/visit plus 30% coinsurance	$600/visit plus 50% coinsurance	Preauthorization required. Preauthorization penalty: $1,000 or 50% of the eligible charge In-Network, $500 Out-of-Network. See your benefit booklet* for details.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$30/office visit; deductible does not apply 10% coinsurance for other outpatient services	$55/office visit; deductible does not apply 30% coinsurance for other outpatient services	50% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Inpatient services	$250/visit plus 10% coinsurance	$500/visit plus 30% coinsurance	$600/visit plus 50% coinsurance	Preauthorization required.
If you are pregnant	Office visits	Primary Care: $30/initial visit Specialist: $60/initial visit; deductible does not apply	Primary Care: $55/initial visit Specialist: $110/initial visit; deductible does not apply	50% coinsurance	Copayment applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance, or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	10% coinsurance	30% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	$250/visit plus 10% coinsurance	$500/visit plus 30% coinsurance	$600/visit plus 50% coinsurance	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization may be required.
	Rehabilitation services	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization may be required.
	Habilitation services	10% coinsurance	30% coinsurance	50% coinsurance	
	Skilled nursing care	$250/visit plus 10% coinsurance	$500/visit plus 30% coinsurance	$600/visit plus 50% coinsurance	Preauthorization may be required.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Provider (You will pay the least)	Participating Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
	Durable medical equipment	10% coinsurance	30% coinsurance	50% coinsurance	Benefits are limited to items used to serve a medical purpose. Durable Medical Equipment benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization may be required.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

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

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

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

- Bariatric surgery
- Chiropractic care (Chiropractic and Osteopathic manipulation limited to 30 visits per calendar year)
- Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)
- Hearing aids (1 per ear every 24 months)
- Infertility treatment (4 completed oocyte retrieval maximum, with special approval up to 6 per benefit period.)
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care (only in connection with diabetes)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-541-2768 or www.bcbsil.com, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

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

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

Language Access Services:

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

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-541-2768.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-541-2768.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-541-2768.

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

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

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

The plan's overall deductible	**$1,000**
Specialist copayment	**$60**
Hospital (facility) copay/coins	**$250+10%**
Other coinsurance	**10%**

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$1,000
Copayments	$700
Coinsurance	$1,000
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$2,760**

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

The plan's overall deductible	**$1,000**
Specialist copayment	**$60**
Hospital (facility) copay/coins	**$250+10%**
Other coinsurance	**10%**

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$800
Copayments	$1,000
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,820**

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

The plan's overall deductible	**$1,000**
Specialist copayment	**$60**
Hospital (facility) copay/coins	**$250+10%**
Other coinsurance	**10%**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test (*x-ray*)
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$1,000
Copayments	$500
Coinsurance	$100
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,600**

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

BlueCross BlueShield of Illinois

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Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language 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, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

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

US Dept of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Washington, DC 20201	Complaint Forms:	hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔855-710-6984 (711:TTY) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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: MIBAH2015 Blue Advantage HMO 2015 - Rx Copays

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsil.com/member/2026-policy-documents or by calling 1-800-892-2803. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	No.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Individual: Participating $1,500 Family: Participating $3,000	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-892-2803 for a list of Participating Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$35/visit	Not Covered	None
	Specialist visit	$60/visit	Not Covered	Referral required.
	Preventive care/screening/ immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Referral required.
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbsil.com/rx-drugs/drug-lists/drug-lists	Generic drugs (Preferred)	Retail: $5/prescription Mail: $15/prescription	Not Covered	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. You may be eligible to synchronize your prescription refills, please see your benefit booklet* for details. The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed $35, when obtained from a Participating Pharmacy.
	Generic drugs (Non-Preferred)	Retail: $15/prescription Mail: $45/prescription	Not Covered	
	Brand drugs (Preferred)	Retail: $60/prescription Mail: $180/prescription	Not Covered	
	Brand drugs (Non-Preferred)	Retail: $110/prescription Mail: $330/prescription	Not Covered	
	Specialty drugs (Preferred)	$250/prescription	Not Covered	
	Specialty drugs (Non-Preferred)	$350/prescription	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Referral required. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Physician/surgeon fees	No Charge	Not Covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	$250/visit	$250/visit	Copayment waived if admitted.
	Emergency medical transportation	No Charge	No Charge	None
	Urgent care	Primary Care: $35/visit Specialist: $60/visit	Not Covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	Referral required.
	Physician/surgeon fees	No Charge	Not Covered	Referral required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$35/office visit; or No Charge for other outpatient services	Not Covered	Referral not required for office visits.
	Inpatient services	No Charge	Not Covered	Referral required.
If you are pregnant	Office visits	Primary Care: $35/initial visit Specialist: $60/initial visit	Not Covered	Copayment applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a copayment may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No Charge	Not Covered	
	Childbirth/delivery facility services	No Charge	Not Covered	
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	No Charge	Not Covered	Referral required. Outpatient: None. Includes, but is not limited to, physical, occupational or speech therapy. Copayment may apply.
	Habilitation services	No Charge	Not Covered	
	Skilled nursing care	No Charge	Not Covered	Referral required. Excludes custodial care.
	Durable medical equipment	No Charge	Not Covered	Referral required. Benefits are limited to items used to serve a medical purpose. Durable Medical Equipment benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	No Charge	Not Covered	Referral required.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

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

- Dental care (Adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Weight loss programs

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

- Acupuncture
- Bariatric surgery (only when medically necessary)
- Chiropractic care
- Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)
- Hearing aids (1 per ear every 24 months)
- Infertility treatment (the covered individual has not undergone 4 completed oocyte retrievals, except that if a live birth follows a completed oocyte retrieval, then 2 more completed oocyte retrievals shall be covered)
- Private-duty nursing (with the exception of inpatient private-duty nursing)
- Routine eye care (Adult)
- Routine foot care (only in connection with diabetes)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-892-2803 or www.bcbsil.com, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-892-2803 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at 1-877-527-9431 or visit http://insurance.illinois.gov.

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

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

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-892-2803.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-892-2803.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-892-2803.

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

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

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

The plan's overall deductible	**$0**
Specialist copayment	**$60**
Hospital (facility)	**$0**
Other	**$0**

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$40
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$100**

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

The plan's overall deductible	**$0**
Specialist copayment	**$60**
Hospital (facility)	**$0**
Other	**$0**

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$1,000
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,020**

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

The plan's overall deductible	**$0**
Specialist copayment	**$60**
Hospital (facility)	**$0**
Other	**$0**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$400
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$400**

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

BlueCross BlueShield of Illinois

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Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language 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, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

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

US Dept of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Washington, DC 20201	Complaint Forms:	hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔855-710-6984 (711:TTY) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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BlueCross BlueShield of Illinois

BlueCare Dental PPO℠

Plan ID: DINHM08

This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance and Benefit Period Maximum shown below are subject to change as permitted by applicable law.

Summary of Dental Benefits

Program Basics	In Network	Out of Network*
Benefit Period Maximum	$1,000	$1,000
Deductible	$50 Individual/$150 Family	$50 Individual/$150 Family

Covered Services

Diagnostic Evaluations Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible does not apply)	100% (Deductible does not apply)
Preventive Services Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible does not apply)	100% (Deductible does not apply)
Diagnostic Radiographs Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible does not apply)	100% (Deductible does not apply)
Miscellaneous Preventive Services Sealants Space maintainers	100% (Deductible does not apply)	100% (Deductible does not apply)
Basic Restorative Dental Services Amalgams Resin-based composite restorations	80%	80%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%
Non-Surgical Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	80%
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	80%	80%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	80%

	In Network	Out of Network*
Covered Services (continued)		
Oral Surgery Services Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	80%	80%
Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure Anatomical crown exposures	80%	80%
Major Restorative Services Single crown restorations Gold foil and inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%	50%
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants	50%	50%
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%
Orthodontic Services		
Orthodontic Services Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum per Participant Adult coverage and dependent children to age 19.	50% $1,000 (Deductible does not apply)	

Dental implants are not covered.

The above is a listing of common services available through your network of Participating Dentists.
The Member's share of the cost is determined by whether care is received from a Participating or Non-Participating Dentist.

***For services rendered by a Non-Participating Dentist (out of network), the Allowable Charge is the Provider's usual charge, not to exceed the amount that the Plan would reimburse a Participating Dentist rendering the same services. The Member will be responsible for the full amount by which the Non-Participating Dentist's actual charges exceed the Allowable Charge.**

This plan includes BlueCare Dental Enhanced Benefit℠. The Enhanced Benefit provides additional dental benefits, such as an extra cleaning and 100% coverage for periodontal cleanings to members with specific health issues at no additional cost. Please refer to your Dental Benefit Booklet for additional benefit information.

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The PPO Plan

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

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

PPO Network

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

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

Medical Care

Your benefits may include coverage for*:

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

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

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



Where to Go for Care

What do you do if your clutch player breaks an arm in the big game? Or you slice your finger chopping veggies? Or have stomach cramps after last night's sushi date? Often the choice is clear. If you have signs of a heart attack, it's best to go to the emergency room. But what if you have a sore throat? Or lower back pain?

Knowing where to go can make a big difference in the cost of your care — especially when you use in-network providers.

We make it easy to find independently contracted, in-network providers near you:

- Go to **bcbsil.com** and click **Find Care**
- For personalized search results, log in or register at **bcbsil.com** and search in Blue Access for Members℠
- Call Customer Service at the number on your ID card

Doctor

Is your blood pressure high? Are allergies making you miserable? Can't sleep? Your go-to provider is a good place to start. Some even offer telemedicine. If you need a specialist, your doctor will tell you.

Good for: health exams, shots, cough, sore throat

Wait time: check with office

Cost: in network **$** out of network **$$**

Retail Health Clinic

Need a flu shot? Feel queasy? Have an earache or rash? Many grocery stores and pharmacies have on-site medical clinics. Some may even see patients evenings, weekends and holidays.

Good for: headache, stomach ache, sinus pain

Wait time: check with clinic

Cost: in network **$** out of network **$$**

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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Urgent Care Center

Sprain your ankle? Have a monster migraine? Can't stop coughing? These centers offer non-emergency care when your doctor's office isn't open evenings, weekends or holidays. Some may offer online booking.

Good for: back pain, vomiting, animal bite, asthma

Wait time: often less than ER

Cost: in network **$$** out of network **$$$**



Hospital ER

Worried you may be having a heart attack? Did you black out after a nasty fall? ER doctors and staff treat serious and life-threatening health issues 24/7.

Good for: chest pain, bleeding, broken bones

Wait time: varies

Cost: $$$$



Know the Difference: Freestanding ER vs. Urgent Care Center

Freestanding ERs look a lot like urgent care centers, but may not be affiliated with an in-network hospital. That means you could end up with a hefty bill (or several bills). You might even be sent to a hospital ER for care! Here are ways to spot a freestanding ER:

1. Look for "Emergency" on the building exterior.
2. Check the hours. If it's open 24/7, it's a freestanding ER. Urgent care centers close at night.
3. Confirm it's not connected to a hospital.
4. Ask if it follows the copay, coinsurance and deductible payment model.

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

Note: Many health care providers offer telehealth appointments. Ask your preferred provider if they do and if it is appropriate for your condition(s).

Members are strongly advised to search and verify the network status of any health care provider or facility before receiving care to avoid unexpected charges. Network participation may change, and it is the member's responsibility to review whether a provider is in network at the time of service.

Examples given for each care scenario are not intended as an exhaustive list. You may seek care and be treated for other conditions or illnesses other than those cited as examples.

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

Spend Less, Get More with Blue Advantage HMO℠



Blue Advantage HMO provides rich benefits that include 100% in-network medical coverage with no to low deductibles and lower out-of-pocket costs than PPO plans.

It Pays to Pick HMO

Did you know that on average, **HMO members pay about 75% less** on their annual health care costs vs. PPO members.

Source: 2023 blended HMO savings data: Client Analytics

Join HMO and Get Access to One of the Largest Networks of Doctors and Hospitals in Illinois

In fact, many people don't even need to change doctors when they join this plan.

Blue Advantage HMO network includes:

- **5,200+ PCPs**
- **13,100+ Specialists**
- **62 Medical Groups**
- **70 Hospitals**

Pick a Primary Care Provider

Choose a PCP who will get to know your health needs and history so they can help guide you to the right care.

- Covered family members can choose a different in-network PCP.
- Women can choose a Woman's Principal Health Care Provider. These doctors are experts in women's wellbeing and health issues.

Going Out of Town? You're Covered.

- **Short Trips:** Use BlueCard®. If you need urgent or emergency care, you can go directly to the nearest hospital.
- **Longer Out-of-Town Stays:** Use the **Away From Home Care**® program if you have a child attending school out of state, or a family member completing a long-term work assignment in another state. Just call Blue Cross and Blue Shield of Illinois and we will help make the necessary arrangements.

Getting a Referral to a Specialist is Quicker and Easier



It's easier than ever to connect with your PCP if you need a referral. Telehealth visits, patient portals and faster processing has made getting a referral quicker and simpler.

Prime Pharmacy for Your Medication Needs

- 90-day supplies of long-term medications through retail or home delivery pharmacies
- Need a short-term supply? Use a local in-network pharmacy.

Savings Examples

Procedure	Average Annual HMO Cost Savings vs. PPO
Having a Baby	Save about $3,100
Having a Chronic Condition (like diabetes or high blood pressure)	Save about $300 a year

Source: 2023 Commercial Member Satisfaction Survey; Press Ganey

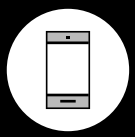
Get Extra Support for Your Mental Health

- Visit mental health providers through your Blue Advantage HMO network.
- Access counseling services through the Employee Assistance Program at no extra cost to you. Get help for stress, sadness. alcohol and drug use, grief and relationship issues.
  - Legal and financial experts are also available to speak with you.

Great Benefits Plus All the Trimmings

Blue Advantage HMO comes with the following programs and services:

- **Mobile and Online Access** – Log into bcbsil.com or get the BCBSIL App.
- **Blue365®** – Get health and wellness deals and discounts from top national brands and retailers.
- **Well onTarget**® – Take a health assessment, track sleep, exercise and nutrition. Attend online courses for weight and stress management.
- **Wondr** – Prevent diabetes by losing weight with this online program.



For more information, visit bcbsil.com.

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

ComPsych Corp. is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide employee assistance services for members with coverage through BCBSIL.

The relationship between these vendors and Blue Cross and Blue Shield of Illinois is that of independent contractors.

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. Please 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 your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

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

Wondr Health is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide a metabolic syndrome reduction program for members with coverage through BCBSIL.

2023 blended HMO savings data; Client Analytics

Employee Assistance Program availability varies. Please consult with your representative for more information.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them. The programs listed above do not replace the care of a doctor. Talk to your doctor about any health questions or concerns.

BlueCross BlueShield of Illinois



Blue Choice Options℠

A Common-sense Health Care Solution

Are you looking for a health plan that is sensible and easy to use? Are you looking for an affordable PPO health plan for your family? Choosing Blue Choice Options may be the best choice for you.

Practical and smart

Blue Choice Options from Blue Cross and Blue Shield of Illinois is designed for members who want all the benefits of a PPO and the flexibility to use a large network when the need arises — all at a price lower than our traditional PPO plan. Blue Choice Options offers the same range of health care benefits and member services as the larger PPO network, but may save you money over other PPO health plans.

How Blue Choice Options works

To receive the highest level of benefits, you and your covered dependents should use the independently-contracted doctors and hospitals within the Blue Choice OPT PPO℠ network. You can receive care from a provider within the larger PPO network, but will pay higher out-of-pocket costs. You will pay the highest out-of-pocket cost by choosing an out-of-network provider and may have to pay those fees up front.

How Blue Choice Options Can Save You Money:

- **Tier 1** — Pay the lowest out-of-pocket cost using a participating provider in the Blue Choice OPT PPO network.
- **Tier 2** — Pay an additional out-of-pocket cost by choosing a participating provider in the larger network of providers.
- **Tier 3** — Pay the highest out-of-pocket cost by selecting an out-of-network provider.

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

More Advantages from BCBSIL

Online support is just a click away

Information about your benefits can be found on the BCBSIL website at **bcbsil.com**. Log in to Blue Access for Members℠ for immediate access. All you need are your group and identification numbers, found on your member ID card.

BAM℠ allows members security, convenience and ease.

- **Use Provider Finder® to find an independently-contracted doctor or hospital within the Blue Choice Options network.**

  You can:
  - Find providers wherever you are without entering your location for each search.
  - Find all locations where a provider practices in one search.
  - Access a global search bar to get faster results.
  - Access Provider Finder from your smartphone.

- **Access self-service tools to help manage claims activity, benefit details and notification preferences.**

  Together with BAM, you can always reach out to Customer Service Advocates over the phone if you have questions about your benefits.

Get access to health and wellness programs, including:

Blue365® Member Discount Program

The program offers exclusive health and wellness deals to BCBSIL members, including discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more.

Health and Wellness Resources*

Our health and wellness resources provide tools and information, which may help you lose weight, quit smoking or reduce your risk for developing heart disease, stroke or diabetes.

Strength of the Blue Brand

- Members who choose a PPO plan get access to BlueCard®, a national network of independently-contracted providers, which includes more than 97% of hospitals nationwide when traveling outside the state.
- **If you or a covered dependent live outside of Illinois or are traveling outside of the state and require care, call Customer Service at the number on your ID card for help finding a provider.**
- Access to health and wellness programs.
- Blue Cross and Blue Shield is among the most trusted names in the industry.



* Our health and wellness resources vary by health plan.

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. Please 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 your monthly payment, nor do costs of the services or products count toward any maximums and/ or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

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BlueEdge HSA℠ and BlueEdge Select HSA℠ Plans

Why Choose BlueEdge℠?

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

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

BlueEdge HSA helps you with:

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

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

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

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

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

There's more to BlueEdge:

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

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

- Manage your benefits
- Search for a network provider
- Estimate the cost of a procedure or treatment
- Find health and wellness information and support
- Ask health care professionals for help with your concerns through 24/7 Nurseline

Network Information

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

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

Health Savings Account Administration

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



Special Notice about HSAs

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

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

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

How It Works

BlueEdge HSA Example

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

Year One

- **Aileen's health savings account annual contribution = $3,000**
- **Aileen's annual family deductible = $3,000**

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

- $580 was paid by the preventive care benefit.

Both children had annual physicals and routine immunizations.

- $320 was paid by the preventive care benefit.

Ben tore a ligament in his knee that required surgery.

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

Aileen saw a dermatologist and had several moles removed.

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

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

Year Two

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

Ben and Aileen had physicals and preventive care lab tests.

- $525 was paid by the preventive care benefit.

Both children had annual physicals.

- $275 was paid by the preventive care benefit.

Aileen saw her dermatologist for a follow-up visit.

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

Ben participated in a smoking cessation program.

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

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

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

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

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

Frequently Asked Questions About BlueEdge HSA

What is a health savings account?

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

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

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

Who is eligible to open a health savings account?

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

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

How is the HSA account funded?

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

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

Is there a specific health plan design for HSAs?

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

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



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

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Smile! You Have BlueCare Dental PPO℠

BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO provider networks.[1]

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

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

If you choose an out-of-network dentist, he or she may have higher fees and charge you for amounts not covered by your insurance. To get the most from your benefits, choose an in-network dentist.

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to **bcbsil.com** and click on **Find Care** and then on **Find a Dentist** on the left side of the page. You can search for a dentist near your home, school or office.

Dedicated Customer Service

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



BlueCare Dental Connection℠

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

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

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

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

The Dental Wellness Center allows you to:

- Ask dental questions through **Ask a Dentist**
- Locate an in-network dentist using **Find a Dentist**
- Research dental fees with the **Dental Cost Advisor**
- Search the **Dental Dictionary** for common terms
- View **Educational Videos** on dental topics

1. Network360® Analytics Suite (03/2024).

The Dental Wellness Center, Dental Cost Advisor, Ask a Dentist, Dental Dictionary and Treatment and Procedure are provided by DNoA, a separate company that acts as the administrator of BCBSIL dental plans.

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Other Benefits for Non-HMO Plans

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

Preventive Care

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

Emergency Care

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

National Coverage

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

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

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

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



Reconstructive Surgery Following a Mastectomy

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

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

Illinois Dependent Eligibility Mandate

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

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

International Coverage

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

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

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

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



Medical Plan Frequently Asked Questions

Q. Are my medical records kept confidential?

A. Yes. Blue Cross and Blue Shield of Illinois 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 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 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 are available in retail stores when referred by your Primary Care Provider/Medical Group for in-network coverage.** 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 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.



Get to Know Your Explanation of Benefits

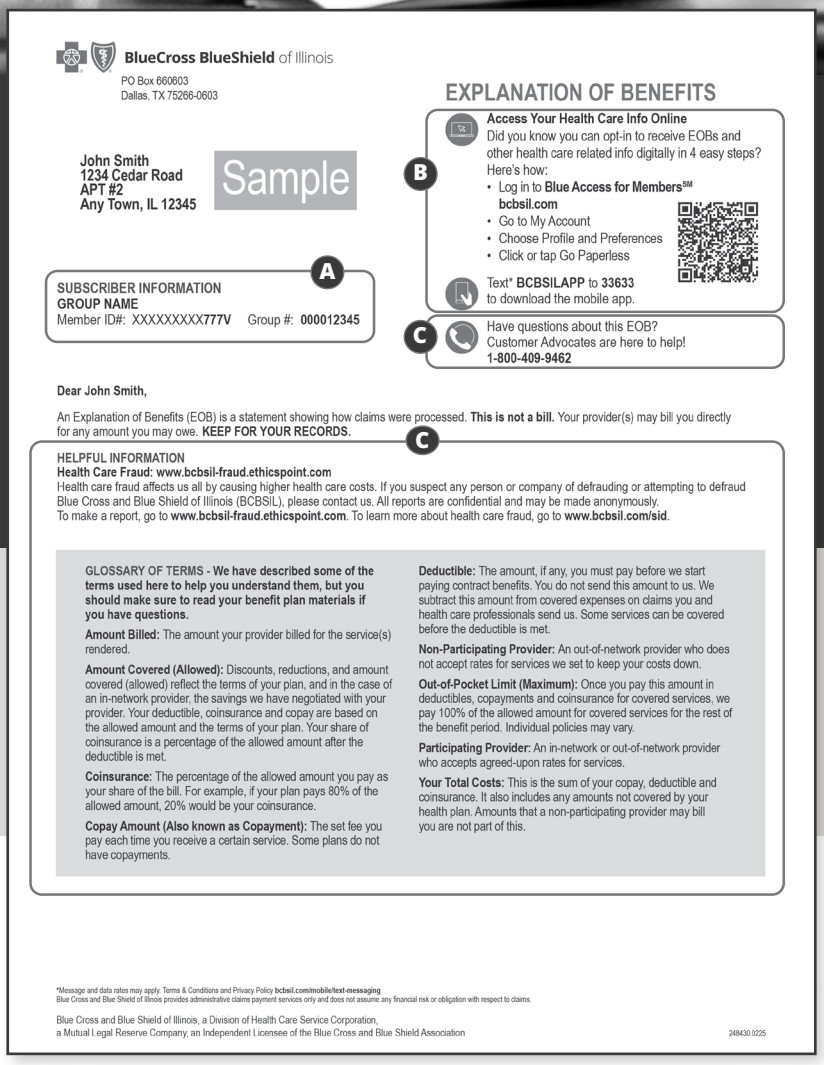
Your **Explanation of Benefits** helps you understand when and how we process your claims. It gives you a detailed look at the covered services and how much you may owe your provider after we apply your benefits.

Page One Covers the Basics

A. Find your policy ID.

B. Choose how you want to get your EOB.

C. Find resources if you need more help.



BlueCross BlueShield of Illinois

PO Box 660603
Dallas, TX 75266-0603

EXPLANATION OF BENEFITS

John Smith
1234 Cedar Road
APT #2
Any Town, IL 12345

Sample

B

Access Your Health Care Info Online
Did you know you can opt-in to receive EOBs and other health care related info digitally in 4 easy steps? Here's how:
- Log in to **Blue Access for Members℠** **bcbsil.com**
- Go to My Account
- Choose Profile and Preferences
- Click or tap Go Paperless

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

A

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

C

Have questions about this EOB?
Customer Advocates are here to help!
1-800-409-9462

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
Health Care Fraud: www.bcbsil-fraud.ethicspoint.com
Health care fraud affects us all by causing higher health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois (BCBSIL), please contact us. All reports are confidential and may be made anonymously.
To make a report, go to **www.bcbsil-fraud.ethicspoint.com**. To learn more about health care fraud, go to **www.bcbsil.com/sid**.

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. Individual policies may vary.

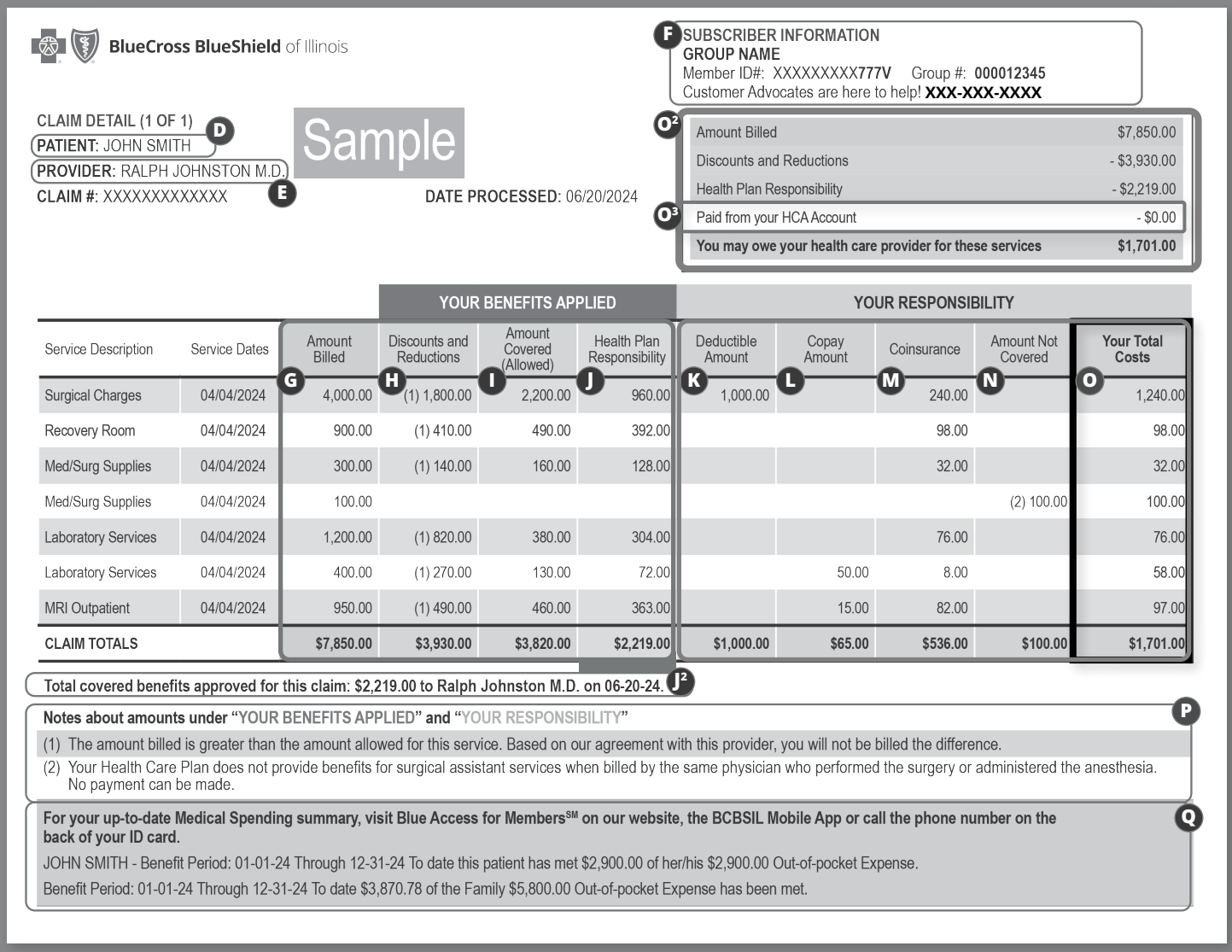
Participating Provider: An in-network or out-of-network provider who accepts agreed-upon rates for services.

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/mobile/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.

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

248430.0225



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 1)
D PATIENT: JOHN SMITH
PROVIDER: RALPH JOHNSTON M.D.
CLAIM #: XXXXXXXXXXXX E

Sample

DATE PROCESSED: 06/20/2024

O² Amount Billed	$7,850.00
Discounts and Reductions	- $3,930.00
Health Plan Responsibility	- $2,219.00
O³ Paid from your HCA Account	- $0.00
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	04/04/2024	4,000.00	(1) 1,800.00	2,200.00	960.00	1,000.00		240.00		1,240.00
Recovery Room	04/04/2024	900.00	(1) 410.00	490.00	392.00			98.00		98.00
Med/Surg Supplies	04/04/2024	300.00	(1) 140.00	160.00	128.00			32.00		32.00
Med/Surg Supplies	04/04/2024	100.00							(2) 100.00	100.00
Laboratory Services	04/04/2024	1,200.00	(1) 820.00	380.00	304.00			76.00		76.00
Laboratory Services	04/04/2024	400.00	(1) 270.00	130.00	72.00		50.00	8.00		58.00
MRI Outpatient	04/04/2024	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 06-20-24. J²

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

(1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
(2) Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

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

JOHN SMITH - Benefit Period: 01-01-24 Through 12-31-24 To date this patient has met $2,900.00 of her/his $2,900.00 Out-of-pocket Expense.

Benefit Period: 01-01-24 Through 12-31-24 To date $3,870.78 of the Family $5,800.00 Out-of-pocket Expense has been met.

On Page Two You Can:

At a glance, confirm the:

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

Get the Details

YOUR BENEFITS APPLIED – This section shows the care you received and how it's covered.

G. Amount Billed - this is the total amount your provider billed us for your care.

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.

Confirm Your Cost Share

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

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

O. Your Total Costs details the amounts shown in O², and is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments up front. It also includes amounts not covered by your health plan (N). It does not include charges that an out-of-network provider may bill you. If your benefits feature a Health Care Account, or other Health Savings Account, payments from those accounts will be reflected in this line (O³). HCAs and HSAs do not apply to all benefit plans.

Get More Information

Your EOB may detail:

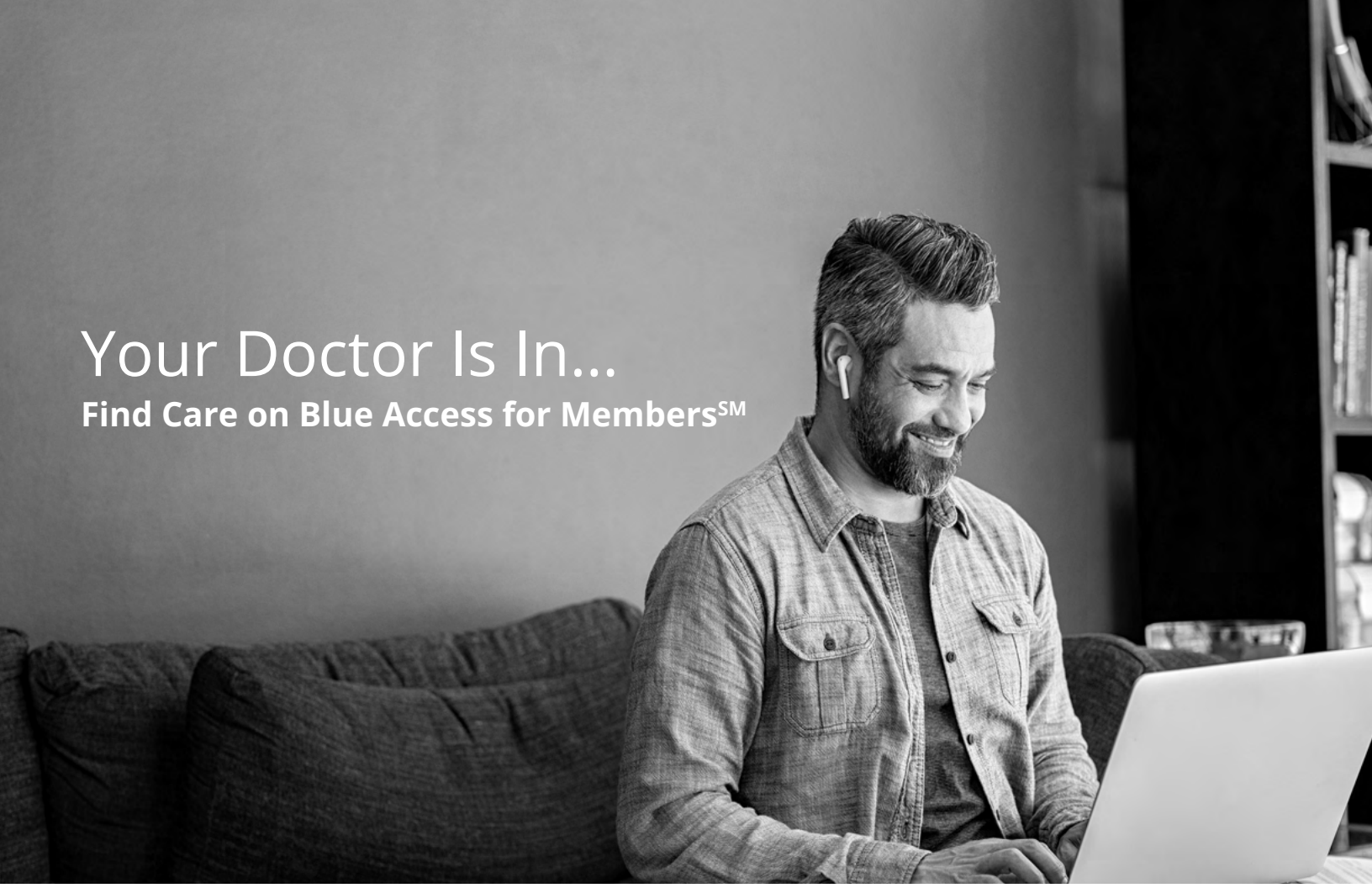
J². Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).

P. Any discounts and reductions (H) or amounts that aren't covered (N).

Q. Your yearly out-of-pocket totals so you'll know when your patient cost-shares are met.

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

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



Your Doctor Is In...

Find Care on Blue Access for Members℠

It's easy to find a provider and manage your health care expenses.

Find Care on BAM℠

We make it easy to find in-network health care providers and manage your out-of-pocket costs.

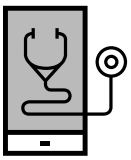
Go to **bcbsil.com** to log in or create an account on BAM. Then, look for **Find Care** to:

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

* Not all plans provide this information.

Find a Doctor Wherever You Are

- **Log in to BAM.** Use your ZIP code to find providers in your network.
- **Search as a guest.** Go to bcbsil.com, choose Find Care and use the ZIP code at your location to find in-network providers near you.
- **Need more help?** Call 800-810-BLUE (2583) Also applies to Global® Core.

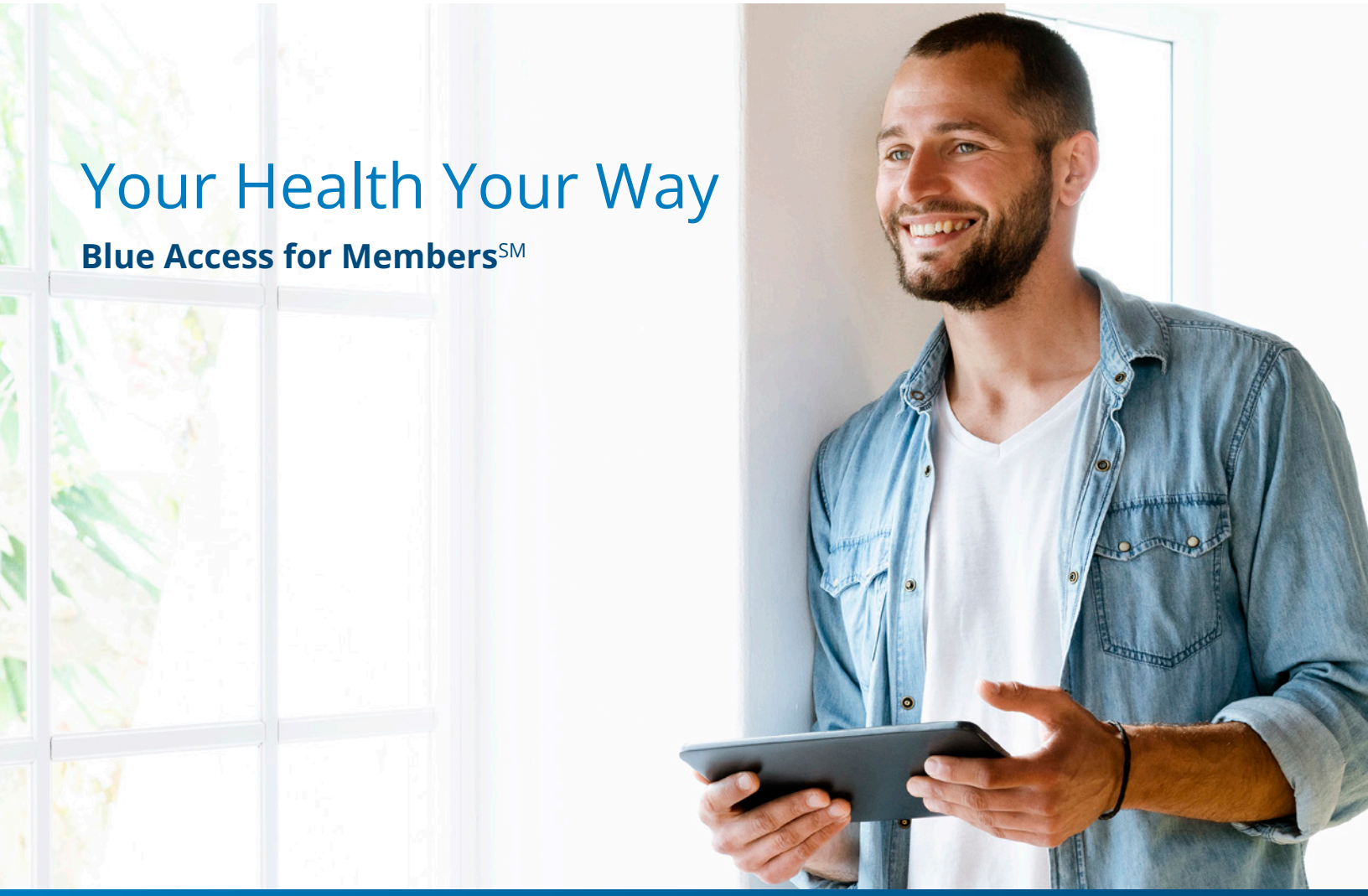


Stay Connected with BCBSIL

Even on the go you can manage your ID cards and stay on top of claims activity, coverage information and prescription refill reminders. It's easy: Log in or create a BAM account at **bcbsil.com**.

232640.0724

BlueCross BlueShield of Illinois



Your Health Your Way

Blue Access for Members℠

Life doesn't only happen during business hours. Blue Cross and Blue Shield of Illinois has you covered. BAM℠ gives you the tools you need to get the most from your benefits whenever and wherever you need them.

Your Access, Your Way

You choose how to access your benefits

Use BAM from your desktop, mobile device or download the free BCBSIL App from The App Store or Google Play. Whether you're at your desk or on the go, BAM is there for you with tools and features that give you the freedom to manage your health care your way.

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



Digital Member ID

- Share your digital ID card with your doctor's office to stay ahead of check-in.
- You can also view, download, print or reorder it.

Find Care

- Find nearby care providers whether you're at home or traveling.
- Schedule a virtual visit when you're traveling, need after-hours care or just want to skip the waiting room.

Secure Messaging

- Send messages to our trained clinicians.
- Message customer service with questions about your claims.
- All messages are private and secure.
- Send messages* on your schedule.

Use Account Settings to set Your Preferences

- Get your notifications by text, email or mail.
- Choose your language.
- Go paperless to get your explanation of benefits more quickly and securely.

Claims, Coverage and Wellness

- Review your benefit highlights, claims or download your EOB.
- View your dependent coverage.
- Opt in to healthy programs, get preventive guidelines, wellness tips and other topics that you choose.

Register Now to Start Getting the Most from Your Benefits

Register online for BAM. Use the same login for the app. No matter how you choose to connect, BAM gives you 24/7 access to your benefits so you can live your life and manage your health your way. You can do it all. With your BAM.

Get Started

Online: Go to mybam.bcbsil.com to log in or create an account – **OR**

Get the App: Scan the QR code or text BCBSILAPP to 33633** for a download link.

*Clinicians respond during business hours. Please allow two business days for replies. You can send and read messages anytime.

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

This material is only for illustration purposes. Your group's coverage types and benefits may be different.

251911.0625



Prescription Drug and Wellness Information

24394.0421



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

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

Savings and Convenience

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

Support and Service

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

5

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

Getting Started with Express Scripts® Pharmacy Mail Order

Online and Mobile

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

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

Over the Phone

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

Through the Mail

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

Talk to Your Doctor

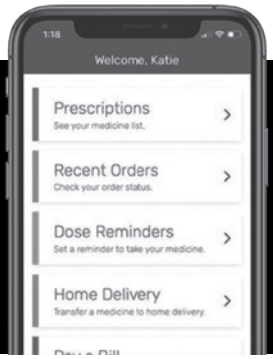
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.[1] You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call **888-327-9791** for faxing instructions or call the pharmacy at **833-715-0942**. If you need to start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

Refills Are Easy

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

Questions?

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



Use the pharmacy's mobile app to manage your prescriptions

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

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

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

Prime Therapeutics LLC is a separate company contracted by BCBSIL to provide pharmacy solutions. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is a pharmacy benefit website offered by Prime Therapeutics LLC.

23128.1124

Q&A: Prescription Drug List

What is a prescription drug list?

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

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

The Balanced Drug List, Performance Drug List, Performance Full Drug List, Performance Select Drug List, Balanced Biosimilar Drug List, Performance Select Biosimilar Drug List, Performance Biosimilar Drug List and 2025 Drug List (for Metallic plans) show all covered drugs.

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

Why should I use the drug list?

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

If your benefits are based on the Basic or Enhanced Drug List, most medicines may be covered that are not on the drug list, but you may pay more out of pocket. If your benefits are based on the Balanced Drug List, Performance Drug List, Performance Full Drug List, Performance Select Drug List, Balanced Biosimilar Drug List, Performance Select Biosimilar Drug List, Performance Biosimilar Drug List or 2025 Drug List (for Metallic plans), medicines that are not shown on these drug lists are not covered. You will need to pay for the full cost of the medicine.

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

Why use generic drugs?

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

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

The other side of this flyer lists some commonly prescribed generic and preferred brand drugs. If a drug you are looking for is not on this flyer, search the full drug list at **bcbsil.com/prescription-drugs/managing-prescriptions/drug-lists** or call customer service at the number on your BCBSIL member ID card.

How much you may pay out of pocket will be based on your plan benefits and what tier the drug is on your drug list. To find out what you will pay, log in to your Blue Access for Members℠ account at **bcbsil.com**, use the BCBSIL App or call customer service at the number on your member ID card.

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

What are dispensing limits?

Some drugs listed on the drug list may have additional requirements, or extra steps to take before getting your prescription filled. One of those requirements is dispensing limits. This means you may only be able to get a certain amount of your drug at one time. For example, the irritable bowel syndrome drug Trulance® (plecanatide) can only be filled as 30 tablets per 30 days because the FDA-approved labeling recommends the dose of one 3 mg tablet taken daily by mouth.

What if I have questions?

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

October 2025 Commonly Prescribed Drugs

This list is a sample of commonly prescribed generic and preferred brand drugs. See the full and up-to-date BCBSIL prescription drug lists at **bcbsil.com/prescription-drugs/managing-prescriptions/drug-lists**. The online drug list (Balanced Drug List, Basic Drug List, Enhanced Drug List, Performance Drug List, Performance Full Drug List, Performance Select Drug List, Balanced Biosimilar Drug List, Performance Select Biosimilar Drug List, Performance Biosimilar Drug List and 2025 Drug List for Metallic plans) may be changed as often as four times a year, based on your prescription drug benefit plan. Some online drug lists (Annual versions) may only be changed once a year, based on your plan benefits. The drug list may show medicines not covered under your prescription drug benefit plan. Also, prescription versions of over-the-counter medicines may not be covered based on your plan. If you have questions about your benefits, call the number on your ID card.

ANTIHYPERTENSIVES

Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations
benazepril hcl tab
enalapril maleate tab
enalapril maleate-hydrochlorothiazide tab
fosinopril sodium tab
lisinopril tab
lisinopril-hydrochlorothiazide tab
quinapril hcl tab
ramipril cap
trandolapril tab

Angiotensin II Receptor Antagonist (ARBs) and Combinations
candesartan cilexetil tab
candesartan cilexetil-hydrochlorothiazide tab
irbesartan tab
irbesartan-hydrochlorothiazide tab
losartan potassium tab
losartan potassium-hydrochlorothiazide tab
olmesartan medoxomil tab
olmesartan medoxomil hydrochlorothiazide tab
telmisartan tab
valsartan tab
valsartan-hydrochlorothiazide tab

Beta Blockers and Combinations
atenolol tab
atenolol-chlorthalidone tab
bisoprolol fumarate tab
bisoprolol-hydrochlorothiazide tab
carvedilol tab
labetalol hcl tab
metoprolol succinate tab
metoprolol tartrate tab
nebivolol hcl tab
propranolol hcl tab
sotalol hcl tab

Calcium Channel Blockers and Combinations
amlodipine besylate tab
amlodipine besylate-benazepril hcl cap
diltiazem hcl tab
felodipine tab er 24hr
nifedipine tab er 24hr osmotic release
verapamil hcl tab

Other Antihypertensives
clonidine hcl tab
doxazosin mesylate tab
hydralazine hcl tab
minoxidil tab
prazosin hcl cap
terazosin hcl cap

ASTHMA/COPD

ADVAIR HFA
albuterol sulfate
albuterol sulfate HFA/nebs
ANORO ELLIPTA
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
BREO ELLIPTA
BREZTRI AEROSPHERE
COMBIVENT RESPIMAT
DULERA
FASENRA PEN
fluticasone-salmeterol diskus
INCRUSE ELLIPTA
ipratropium bromide inhal soln
ipratropium-albuterol nebu soln
levalbuterol hcl soln nebu conc
montelukast sodium tab
NUCALA
QVAR REDIHALER
SEREVENT DISKUS
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
TEZSPIRE
theophylline tab er 24hr
TRELEGY ELLIPTA
XOLAIR

CHOLESTEROL

atorvastatin calcium tab
colesevelam hcl tab
ezetimibe tab
fenofibrate micronized cap
fenofibrate tab
gemfibrozil tab
lovastatin tab
pravastatin tab
rosuvastatin tab
simvastatin tab

DEPRESSION

amitriptyline hcl tab
bupropion hcl tab
citalopram hydrobromide tab
doxepin hcl cap
duloxetine hcl enteric coated pellets cap
escitalopram oxalate tab
fluoxetine hcl cap
fluvoxamine maleate tab
imipramine hcl tab
mirtazapine tab
nortriptyline hcl cap
paroxetine hcl tab
sertraline hcl
trazodone hcl tab
venlafaxine hcl tab

DIABETES

acarbose tab
BAQSIMI ONE PACK
BYDUREON BCISE
FARXIGA
FIASP
glimepiride tab
glipizide tab er
GLUCAGON EMERGENCY KIT
glyburide tab
glyburide-metformin tab
GLYXAMBI
GVOKE KIT
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG MIX 50/50
HUMALOG MIX 50/50 KWIKPEN
HUMULIN 70/30
HUMULIN 70/30 KWIKPEN
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
LEVEMIR
LEVEMIR FLEXPEN
LYUMJEV
LYUMJEV KWIKPEN
metformin hcl tab
MOUNJARO
nateglinide tab
NOVOLIN 70/30
NOVOLIN N
NOVOLOG
NOVOLOG FLEXPEN
NOVOLOG MIX 70/30
NOVOLOG PENFILL
OZEMPIC
pioglitazone hcl-metformin hcl tab
pioglitazone hcl tab
repaglinide tab
RYBELSUS
SEMGLEE
SOLIQUA 100/33
SYNJARDY
SYNJARDY XR
TOUJEO MAX SOLOSTAR
TRESIBA
TRIJARDY XR
TRULICITY
XIGDUO XR
XULTOPHY 100/3.6
ZEGALOGUE

Preferred brand drugs are shown in all CAPITAL LETTERS. Generic drugs are shown in lower-case type. Drug trademarks and service marks are the property of their respective third-party owners.



Save Time and Money

with the HMO 90-Day Supply Prescription Drug Program

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

Visit **bcbsil.com** or **myprime.com** to find an in-network retail or home delivery service pharmacy convenient for you. Log into Blue Access for Members℠ and click on Pharmacy.

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HMO 90-Day Supply Prescription Drug Program

To Purchase Your Long-Term Medicine at a "90-day" Retail Pharmacy

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

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

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



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

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

Prime Therapeutics LLC is a separate company BCBSIL contracts with to provide pharmacy solutions. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.
Myprime.com is a pharmacy benefits website offered by Prime Therapeutics LLC.



Generic Drugs May Save You Money

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

What is a generic drug?

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

There are two types of generics:

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

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

You may pay less for generic drugs.

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

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

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

Generics are available for many brand drugs.

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

Get the most from your pharmacy benefit.

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

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

What if I have questions?

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

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

Examples of Brand Products with Generic Equivalents or Alternatives[1]

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

1. This list is for example only and is not all-inclusive. Drugs on this list may change from time to time. Not all listed drugs may be covered under all benefit plan designs.
2. Third-party brand names are the property of their respective owners.



It's All About Diabetes

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

Choosing a Blood Glucose Meter

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

- How does the meter score for accuracy? Does it come with a control solution or test strip to check for accuracy?
- Does the meter fit in your backpack, supplies kit or purse?
- How skillful are you at handling those test strips? You might want to try a meter that uses cartridges instead of individual strips.
- How much blood does the meter require? Less is better.
- Do you want to connect your meter to an app that sends your results to your health care provider? Some meters can also track your exercise and carbohydrate intake.
- Interested in alternative site testing? There are meters that can test samples from various places on the body.

Checking Your Blood Glucose

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

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

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

For more information about diabetes, go to **bcbsil.com**, log in to Blue Access for Members℠ and click on 'Wellness' under 'My Health', click on 'Articles' and then select 'Diabetes' from the options. Blue Cross and Blue Shield of Illinois offers certain blood glucose meters to members with diabetes at no additional charge.

Glucose Meters Are Available to You

BCBSIL is offering you a choice of the blood glucose meters below at no additional charge for a limited time to help you manage your condition. This offer is available through December 31, 2025.*

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

Please review these options and ask your doctor which meter best fits your needs. You can use the coupon below to visit an in-network pharmacy and pick up your meter. Check myprime.com or BAM℠ for a list of pharmacies if you have BCBSIL prescription drug coverage.



CONTOUR®NEXT Blood Glucose Monitoring Systems

To order a CONTOUR NEXT meter to be shipped directly to you, call **1-800-401-8440** and use the ID code **BDC-BIL.**

- CONTOUR NEXT GEN Blood Glucose Monitoring System
- CONTOUR NEXT EZ Blood Glucose Monitoring System

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



LifeScan OneTouch® Blood Glucose Meter

Use the coupon below to pick up your meter at an in-network pharmacy.
For any questions regarding the OneTouch® glucose meters, call **1-800-227-8862**.

- Verio Flex® Meter

Visit **onetouch.com** for a more detailed description of this meter.

Visit your local pharmacy to get your free meter today!

FREE CONTOUR®NEXT meter

RxBin #:	018844
PCN #:	3F
Group #:	MGDCARE
ID #:	CNMC7246982
Exp. Date:	12/31/2025

For Pharmacists:

Transmit the claim on-line to RxSolutions. Processor requires Valid Prescriber ID#, Patient Name, and DOB to adjudicate claim. Please remove the ID# from the patient profile after claim is processed. For assistance in filing this claim, please call the Help Desk at 1-855-282-4888. Ascensia Diabetes Care reserves the right to change or terminate this program at any time without notice.

FREE OneTouch® meter

RxBin #:	601341
PCN #:	OHS
Group #:	OH6504201
ID #:	NOCHARGEMETR
Exp. Date:	12/31/2025

For Pharmacists:

Submit this claim to Opus Health™ for reimbursement plus a dispensing fee. Offer valid for one meter per patient every 36 months. This offer from LifeScan, Inc. can only be redeemed where OneTouch® products are sold and prescriptions can be processed. Questions? Call 1-800-364-4767.

*Offer valid for qualified patients with diabetes and subject to availability. Requires a valid prescription. Offer good while supplies last. Void where prohibited by law. Limit one meter per person. Products provided as a free sample may not be resold or submitted to any federal/state insurance or 3rd Party payer for reimbursement.

RESTRICTIONS: Offer not valid for prescriptions reimbursed under state or federal government funded program (including but not limited to Medicare, Medicare Advantage, Medicaid, Medigap, VA, DOD, or Tricare). If patient is eligible for drug benefits under such program, offer not valid.

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

Prime Therapeutics, LLC is a separate company, contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions.
MyPrime.com is a pharmacy benefit website offered by Prime Therapeutics, LLC.

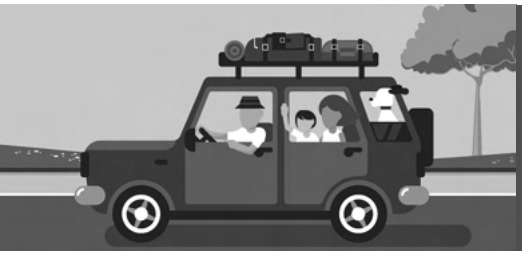


Make More of Today and All Your Days!

Use These Programs to Help You Live Healthier

Taking one, small, first step can set you on a path to better health throughout your life. Whether you need support for a specific health issue or you're looking to boost your overall wellbeing, you'll have help along the way. Here are a few things you can do with the tools included with your health plan:

- Improve your mental health with digital programs for stress, depression, panic, resiliency and more
- Get help to manage your diabetes, high blood pressure or joint and spine pain
- Join a weight-loss or metabolic health program
- Get support from a nurse throughout your pregnancy
- Complete online programs to help reach your wellness goals
- Earn rewards for healthy activities
- Access a nationwide network of fitness centers*



Learn more about your health and wellness programs:

1. Go to **bcbsil.com**.
2. Register for Blue Access for Members℠.

These programs do not replace the care of a doctor. Talk to your doctor about any health questions or concerns.

*Fees apply. Individuals must be at least 18 years old to purchase a membership. The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

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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[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**.

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

Well onTarget®

- **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 for gift cards for yourself or friends and family.[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 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 $239 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:** Discounts are provided 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. You can access this program when you join the Well onTarget Fitness Program.[5]

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."
5. 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.

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.

AlwaysOn is owned and operated by Onlife Health Inc. an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide digital health management for members with coverage through BCBSIL.

Members are instructed to consult with their health care provider before beginning their journey toward wellness.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors. Members should contact the vendor directly with questions about the products or services offered by third parties.



Blue365®

EyeMed Vision Discount Program

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

What?

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

Who?

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

Where?

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

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

Referral?

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

Program Features

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

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

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

Blue365®
Because health is a big deal®

EyeMed Vision Discounts

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

For more information, visit eyemedexchange.com/blue365 or call EyeMed's automated help line at 866-273-0813.

Discounts are only available through participating vendors.

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

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

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

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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.













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