BlueCross BlueShield of Illinois





# Enrollment Guide

PPO

# Get the Most from Your Health Plan







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

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

## Your ID Card

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

## Blue Access for Members℠

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

## Save Money – Stay In-Network

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

## Call Customer Service for Help

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

21777.0716



# The PPO Plan

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

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

## PPO Network

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

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

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

## *Medical Care*

Your benefits may include coverage for*:

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

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

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# 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** to find provider names and locations using Provider Finder®. Maps and driving directions are also available.
- Call Customer Service at the toll-free number on the back of your ID card.



## Reconstructive Surgery Following 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 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®.*



## Blue Access for Members℠

# Get all the advantages your health plan offers

**Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Illinois (BCBSIL) secure member website, Blue Access for Members (BAM℠).**

**With BAM, you can:**

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one

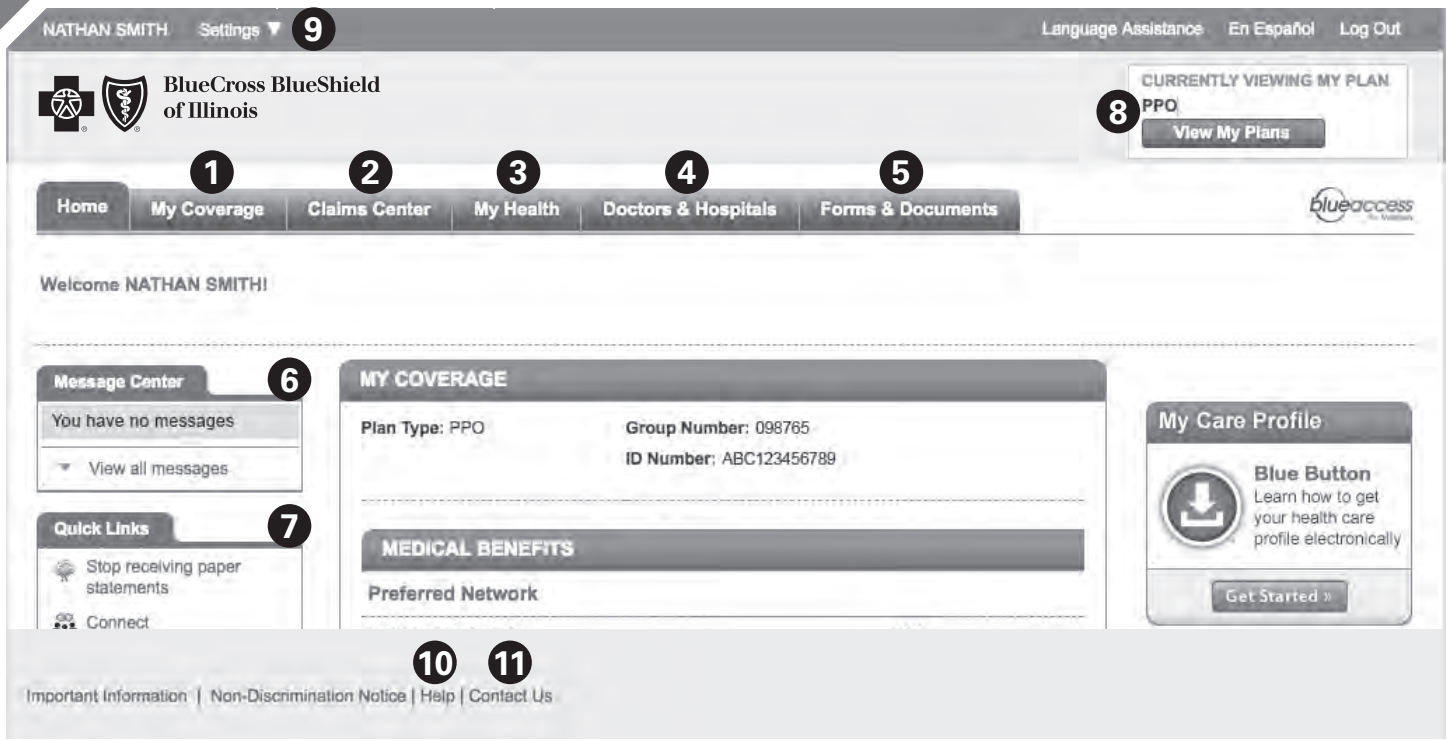
### *It's easy to get started*

1. Go to bcbsil.com/member
2. Click Register Now
3. Use the information on your BCBSIL ID card to complete the registration process.

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

**Message and data rates may apply*

# Find what you need with Blue Access for Members




1. **My Coverage**: Review benefit details for you and family members covered under your plan.
2. **Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
3. M**y Health**: Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
4. **Doctors & Hospitals**: Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
5. **Forms & Documents**: Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
6. **Message Center**: Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
7. **Quick Links**: Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
8. **View My Plan**: See the details of your current health plan, as well as other plans you've had in the past.
9. **Settings**: Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
10. **Help**: Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
11. **Contact Us**: Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.

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# Medical Plan Frequently Asked Questions

## Q. Are my medical records kept confidential?

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

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

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

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

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

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

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

Some options for non-emergency care include:

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

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

**Freestanding ERs:**

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

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

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

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

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

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

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

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

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

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

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



# Health Insurance Fraud What You Should Know

*Fraud affects everyone – Fraud may cost the health care industry (public and private payers) more than $200 billion each year. As a member of Blue Cross and Blue Shield of Illinois (BCBSIL), this fraud may cause you to face rising premiums, increased copayments and deductibles, and the elimination of certain benefits.*

## Don't Be a Victim

In addition to losing money through fraud, members may also experience physical and mental harm. This can result from health care fraud schemes in which a provider performs unnecessary or dangerous procedures.

## Identifying Fraud

### Commonly identified schemes involving providers include:

- **Misrepresenting services** – Intentionally billing procedures under different names or codes to obtain coverage for services that aren't included in a member's plan.
- **Upcoding** – Deliberately charging for more complex or more expensive services than those actually provided.
- **Non-rendered or "free" services** – Some providers intentionally bill for tests or services never provided. This can also mean that the provider offered "free" services to bill the insurance company for services not performed or needed.
- **Kickbacks, bribes or rebates** – Referring patients to a provider or facility where the referring provider has a financial interest.

### Commonly identified member schemes include:

- **Identity swapping** – Allowing an uninsured individual to use your insurance card.
- **Identity theft** – Using false identification to gain employment and the health insurance benefits that come with it.
- **Non-eligible members** – Adding someone to a policy who is not eligible or failing to remove someone when that person becomes ineligible.
- **Prescription medicine abuse and diversion** – Controlled substances can be obtained through deception or dishonesty for personal use or sale "on the street." Prescription medications can be obtained through doctor shopping, visiting several emergency rooms or stealing doctors' prescription pads.

*Fraud increases costs and decreases benefits.*

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# Fighting Fraud

## Our Special Investigations Department is one of the most effective in the industry.

**BCBSIL offers these tips:**

- Know your own benefits and scope of coverage.
- Review all Explanation of Benefits (EOB) statements. Make sure the exams, procedures and tests billed were the ones you actually had with the provider who treated you.
- Understand your responsibility to pay deductibles and copayments, and what you can and cannot be balance-billed for once your claim has been processed.
- Guard your health insurance card and personal insurance information. Notify BCBSIL immediately if your card or insurance information is lost or stolen.
- Sign and date only one claim form per office visit.
- Never lend your member ID card to another person.
- Don't give out insurance or personal information if services are offered as "free." Be sure you understand what is "free" and what you or your employer will be charged for.
- Ask your doctors exactly what tests or procedures they want you to have and why. Ask why the tests or procedures are necessary before you have them.
- Be sure any referrals you receive from your network provider are to other network doctors or facilities. If you're not sure, ask.
- Monitor your prescription utilization via the BCBSIL website or your Pharmacy Benefit Manager (PBM). Make sure the medications billed to your insurance are accurate.

## Preventing Health Care Fraud

BCBSIL created the Special Investigations Department (SID) to fight fraud and help lower health care costs. The staff includes individuals with medical, insurance and law enforcement backgrounds as well as data analysts experienced in detecting fraudulent billing schemes. The SID aggressively investigates allegations of fraud and refers appropriate cases for criminal prosecution.

## Fraud Isn't Fair — Help Us Fight It

Reducing health care fraud is a collaborative effort between BCBSIL, its providers and its members. Additional information — including a "fighting fraud checklist" — is available through the SID website at **bcbsil.com/sid**.

We also encourage you to report any suspected incidents of fraud by calling our Health Care Fraud Hotline, completing a form online or sending us a note in the mail. Suspicions of fraud can be reported to the SID anonymously.

## 3 Ways to Report Fraud to BCBSIL

The SID is here to help you. You can contact the SID in any of the following ways:

**1. 800-543-0867**
The toll-free Fraud Hotline operates 24 hours a day, seven days a week. You can remain anonymous or provide information if you want to be contacted by a member of the SID.

**2. bcbsil.com/sid/reporting**
This website address links to an online fraud-reporting form that you can complete and send to the SID electronically.

**3. U.S. Mail**
You can write the SID at:
Blue Cross and Blue Shield of Illinois
Special Investigations Department
300 E. Randolph Street
Chicago, Illinois 60601

# Understanding Your Explanation of Benefits

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

**The EOB has THREE MAJOR sections:**

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

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

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

**The EOB may include additional information:**

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

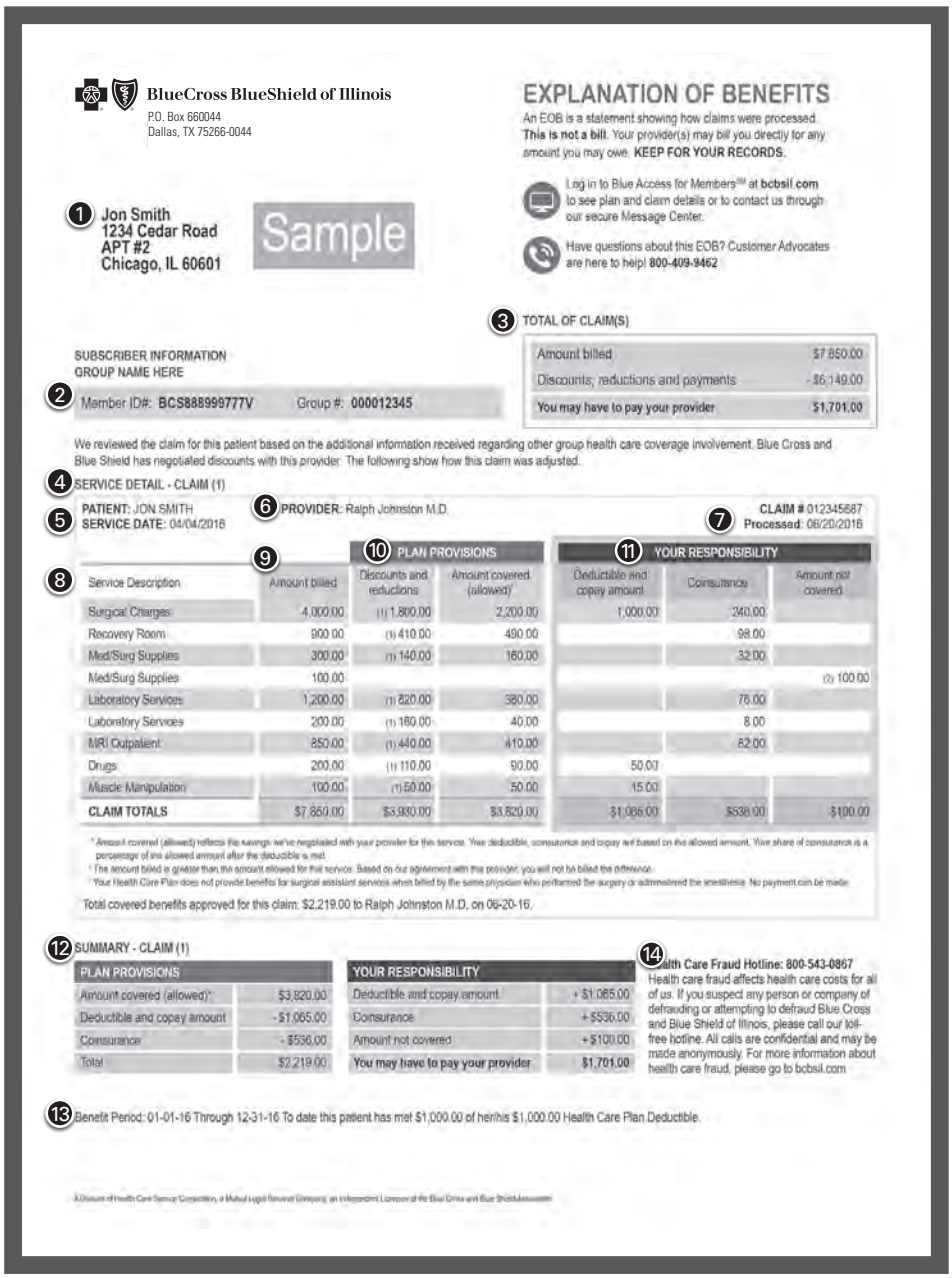
## *Your EOBs Are Available Online!*

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

Available in English and Spanish

# Sample EOB

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



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

## EXPLANATION OF BENEFITS

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

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

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

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

Sample

3 TOTAL OF CLAIM(S)

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

SUBSCRIBER INFORMATION
GROUP NAME HERE

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

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

4 SERVICE DETAIL - CLAIM (1)

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

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

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

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

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

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

12 SUMMARY - CLAIM (1)

| PLAN PROVISIONS | | YOUR RESPONSIBILITY | |
|---|---|---|---|
| Amount covered (allowed)* | $3,820.00 | Deductible and copay amount | + $1,065.00 |
| Deductible and copay amount | - $1,065.00 | Coinsurance | + $536.00 |
| Coinsurance | - $536.00 | Amount not covered | + $100.00 |
| Total | $2,219.00 | You may have to pay your provider | $1,701.00 |

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

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

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



# Choosing the Right Care for You and Your Family

*Tiered Benefit Product for Members*

## Blue Distinction® Centers

*Hospitals recognized for their expertise in delivering specialty care*

## Blue Distinction® Centers+

*Hospitals recognized for their expertise and efficiency in delivering specialty care*

Blue Distinction Centers (BDCs) are hospitals that are recognized for delivering care safely and effectively for certain specialties. When you use a BDC, you will receive the most from your benefits and know that the facility has a record of providing proven, effective specialty care.

Blue Distinction Centers for specialty health care services include:

- **Blue Distinction® Centers for Bariatric Surgery** — Inpatient care, postoperative care, follow-up and patient education
- **Blue Distinction® Centers for Cardiac Care** — Inpatient cardiac care, cardiac rehabilitation, cardiac catheterization and cardiac surgery
- **Blue Distinction® Centers for Knee and Hip Replacement** — Inpatient knee and hip replacement surgeries and services
- **Blue Distinction® Centers for Maternity Care** — Childbirth services, including both vaginal delivery and cesarean section
- **Blue Distinction® Centers for Spine Surgery** — Inpatient spine surgery services, including discectomy, fusion and decompression procedures
- **Blue Distinction® Centers for Transplants** — Transplant and support services

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## Hospitals with Expertise in Specialty Care

To learn more about Blue Distinction®, visit **bcbs.com/why-bcbs/blue-distinction/** or call the Customer Service number on the back of your member ID card.

### High Quality, Lower Cost

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

The Blue Distinction Center tiered benefit product offers the highest level of benefits when you visit a Blue Distinction Center for the following conditions:

| Specialty Program | BDC | BDC+ |
|---|---|---|
| Bariatric Surgery | • | • |
| Cardiac Care | • | • |
| Knee and Hip Replacement | • | • |
| Maternity Care | • | • |
| Spine Surgery | • | • |
| Transplants | • | • |

• Now Available

Additional benefits of using a BDC and BDC+ include:

### Nationwide Access

There are approximately 1,900 BDCs nationwide. To find a BDC near you, use the Blue Cross and Blue Shield of Illinois (BCBSIL) Provider Finder® tool.

- Go to **bcbsil.com**
- Click on **Find A Doctor**
- Select Search by **Provider Type**
- Select **State**
- Select **Health Plan**
- Select **Provider Type**

### No Claims to File

When you get care at a Blue Distinction Center, you usually won't have to file claims. Be sure to show your member ID card to your Blue Distinction provider. This card provides information about copayments and billing.



**bcbsil.com**

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

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

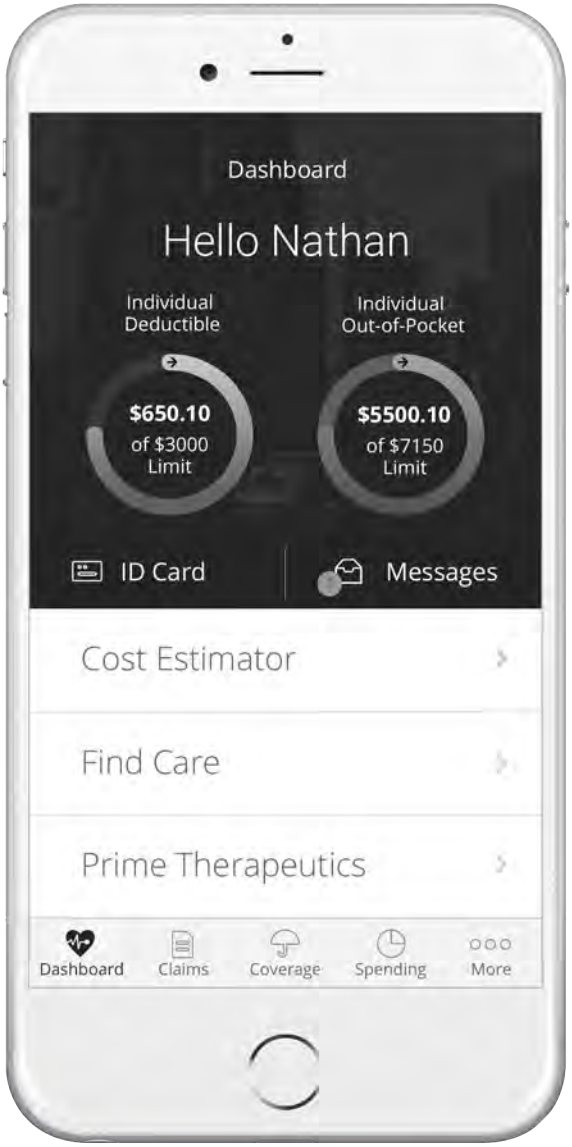
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# The BCBSIL App!

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

**Available in Spanish**

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




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

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

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

Download on the App Store

GET IT ON Google play

# Prescription Drug and Wellness Information



# Q&A: Prescription Drug List

## What is a prescription drug list?

Your prescription drug benefit plan is based on the Blue Cross and Blue Shield of Illinois (BCBSIL) drug list. It is a regularly updated list of drugs selected based on the recommendations of a committee of individuals from throughout the country who hold a medical or pharmacy degree. U.S. Food and Drug Administration (FDA)-approved drugs are chosen based on their safety, cost and how well they work. The Enhanced Drug List (formerly known as Generics Plus) is a smaller version of the Basic Drug List (formerly known as Standard). It includes mostly generic and select preferred brand drugs. The Performance Drug List, Performance Select Drug List and 2017 Drug List (for Metallic plans) show all covered drugs. Drugs that are not shown on these lists are not covered. Major drug classes are covered on all drug lists.

## Why should I use the drug list?

Your copayment/coinsurance amount for covered preferred brand drugs is usually 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 Performance Drug List, Performance Select Drug List or 2017 Drug List (for Metallic plans), medicines that are not on these drug lists will not be covered. You will need to pay for the full cost of the medicine. The drug list is a reference for your doctor when prescribing medicines. But it is solely up to you and your doctor to decide the medicine that is best for you.

## What are the advantages of using generic drugs?

Generics are recognized as safe and effective medicines. 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 form and produces the same results. Talk to your doctor or pharmacist to find out if a generic drug is available and right for you.

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

The other side of this flier lists some commonly prescribed generic and preferred brand drugs. If a drug you are looking for is not on the list, search the drug list at **bcbsil.com** or call the Pharmacy Program number on the back of your ID card.

Your prescription drug benefit plan and whether the drug is on the drug list will determine the amount you may pay out of pocket. To find out what you will pay, visit **bcbsil.com** or call the Pharmacy Program number on the back of your ID card.

## What are dispensing limits?

Based on FDA-approved dosage regimens and manufacturer's research, certain drugs have dispensing limits. This means that these drugs have a limit on how much medicine can be filled per prescription or in a given time span. For example, coverage for the osteoporosis drug Actonel® (risedronate) is limited to 30 tablets per 30 days because the FDA-approved labeling states that the recommended dose is one 5 mg oral tablet taken daily.

## What if I have questions?

Call the Pharmacy Program number on the back of your ID card, 24 hours a day, 7 days a week, or visit **bcbsil.com**.

# October 2017
# Commonly Prescribed Drugs

This list is a sample of commonly prescribed generic and preferred brand drugs. Refer to the BCBSIL prescription drug lists at **bcbsil.com** for a more comprehensive and up-to-date list. The online drug list (Basic Drug List, Enhanced Drug List, Performance Drug List, Performance Select Drug List) is updated quarterly. The online 2017 Drug List (for Metallic plans) is updated monthly. The drug list may contain medications not covered under your prescription drug benefit plan. In addition, prescription versions of over-the-counter (OTC) medications may not be covered based on your prescription drug benefit plan. If you have questions about your prescription drug benefit, call the Pharmacy Program number on the back of your ID card.

## ANTIHYPERTENSIVES

### Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations

benazepril
benazepril/hydrochlorothiazide
captopril
enalapril
enalapril/hydrochlorothiazide
fosinopril
fosinopril/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
moexipril
moexipril/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
trandolapril

### Angiotensin II Receptor Antagonist (ARBs) and Combinations

candesartan
candesartan/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
telmisartan
telmisartan/hydrochlorothiazide
valsartan
valsartan/hydrochlorothiazide

### Beta Blockers and Combinations

acebutolol
atenolol
atenolol/chlorthalidone
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
labetolol
metoprolol succinate ext-release
metroprolol/hydrochlorothiazide
metoprolol tartrate
nadolol
pindolol
propranolol ext-release
propranolol tabs

### Calcium Channel Blockers and Combinations

amlodipine
amlodipine/benazepril
amlodipine/valsartan /hydrochlorothiazide
diltiazem
diltiazem ext-release
felodipine ext-release
nifedipine ext-release
verapamil 40 mg, 80 mg, 120 mg
verapamil ext-release

## ASTHMA / COPD

ADVAIR
albuterol, 0.63 mg/3mL, 1.25 mg/3mL
albuterol inhal soln, 0.083%, 0.5%
albuterol syrup, tabs
ANORA ELLIPTA
ARNUITY ELLIPTA
ASMANEX
BREO ELLIPTA
budesonide
DULERA
FLOVENT DISKUS
FLOVENT HFA
INCRUSE ELLIPTA
ipratropium inhal soln
ipratropium/albuterol
levalbuterol
montelukast
PROAIR HFA
PROAIR RESPICLICK
QVAR
SEREVENT DISKUS
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
terbutaline
theophylline ext-release
VENTOLIN HFA
zafirlukast

## CHOLESTEROL

atorvastatin
cholestyramine
choline fenofibrate delayed-release
colestipol
ezetimibe
fenofibrate
fenofibrate micronized
fenofibric acid delayed-release
gemfibrozil
lovastatin
niacin ext-release
pravastatin
rosuvastatin
simvastatin

## DEPRESSION

amitriptyline
bupropion
bupropion ext-release
citalopram
clomipramine
desipramine
doxepin
duloxetine delayed-release
escitalopram
fluoxetine
fluvoxamine
imipramine
mirtazapine
nortriptyline caps
paroxetine
paroxetine ext-release
phenelzine
sertraline
tranylcypromine
trazodone
venlafaxine
venlafaxine ext-release caps
venlafaxine ext-release tabs, 37.5 mg, 75 mg, 150 mg

## DIABETES

acarbose
BAYER /ASCENCIA TEST STRIPS
glimepiride
glipizide
glipizide ext-release
glipizide/metformin
GLUCAGON EMERGENCY KIT
glyburide
glyburide/metformin
glyburide, micronized
INVOKAMET
INVOKAMET XR
INVOKANA
JARDIANCE
LANTUS
LEVEMIR
metformin
metformin ext-release
nateglinide
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
pioglitazone
pioglitazone/metformin
repaglinide
TOUJEO SOLOSTAR
TRESIBA FLEXTOUCH
VICTOZA

# Understanding Your Generic Drugs

## Generics Deliver:

### Safety

Generic drugs are safe. Brand-name and generic drugs sold in the United States are approved and regulated by the U.S. Food and Drug Administration (FDA). The standards are the same. That's safety you can count on.

### Quality

Generic drugs work the same way. When the FDA approves a generic drug, this means the generic drug is the same as its brand-name counterpart in dosage, performance, safety, strength, quality and usage.

### Savings

Generic drugs cost less. When the patent expires on a brand-name drug, other companies may begin making and selling the drug as a generic. Generic manufacturers don't have to pay for the costly research and marketing that was done for the brand-name product. Lower prices mean more savings for you.

*Same quality*
*+ lower cost*
*= better value*

**It's a fact — generic drugs work in the same way as brand-name drugs. Don't believe the myths. The proof is in the facts:**

**MYTH:**
Generic drugs are not as safe as brand-name drugs.

**FACT:**
The FDA requires that all drugs be safe and effective. Generics use the same active ingredients and work the same way in the body. This means generic drugs have the same risks and benefits as their brand-name counterparts.

**MYTH:**
Generic drugs are not as strong as brand-name drugs.

**FACT:**
The FDA requires generics to have the same quality and strength. Generic drugs work in the same way and in the same amount of time as brand-name drugs.

**MYTH:**
Generic drugs are likely to cause more side effects than brand-name drugs.

**FACT:**
There is no evidence that generic drugs cause more side effects. The FDA monitors reports of adverse drug reactions and has found no difference in the rates between generic and brand-name drugs.

**MYTH:**
My doctor or pharmacy wants me to take generic drugs just to save money.

**FACT:**
Your doctor and pharmacist want you to take drugs that are safe, effective and affordable. In most cases, generics are the best option when you compare price and quality.

**MYTH:**
Brand-name drugs are made in modern manufacturing facilities and generic drugs are often made in substandard facilities.

**FACT:**
The FDA won't permit drugs to be made in substandard facilities. All generic manufacturing, packaging and testing sites must pass the same quality standards as those of brand-name drugs. The FDA conducts about 3,500 inspections a year to ensure standards are met.

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# A home-delivery pharmacy service you can trust.

*PrimeMail® by Walgreens Mail Service 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

- Walgreens Mail Service delivers up to a 90-day supply of long-term medicines. This may reduce what you pay out of pocket, and includes free standard shipping.

## Convenience

- Prescriptions are delivered to the address of your choice, within the U.S.
- You can order from the comfort of your home — either online or over the phone. Your doctor can fax or send your prescription electronically to Walgreens Mail Service.
- You can receive up to a 90-day supply of long-term medicine at a time.
- You can ask for refills online or over the phone.
- Plain-labeled packaging protects your privacy.

## Service

- You can receive notification by email, by phone or through the mail — your choice — when your prescription is received and when your orders are shipped. To select your notification preference, register online at **Walgreens.com/PrimeMail** or call **877-357-7463**.
- Member service agents are available 24/7.
- Licensed, U.S.-based pharmacists are available seven days a week.
- Choose to receive refill reminder notifications by phone or email.
- Standard delivery is included at no additional cost.
- Walgreens Mail Service pharmacies are located in the U.S.

*Walgreens Mail Service will notify you when your prescription is received, when it ships and when it is due for a refill.*

# Getting Started with PrimeMail by Walgreens Mail Service

## Online and Mobile

Visit **Walgreens.com/PrimeMail** to fill or refill a prescription. Sign in if you have a current Walgreens account. Click "register now" to create an account, and follow the directions.

## Over the Phone

Call **877-357-7463**, 24/7, to refill, transfer a current prescription or get started with home delivery. 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℠ (BAM℠). Complete the mail order form. Mail your prescription, completed order form and payment to Walgreens Mail Service.

## Talk to Your Doctor

Ask your doctor for a prescription for a 90-day supply of each of your long-term medicines. You can ask your doctor to send your prescription electronically to Walgreens Mail Service or fax a prescription request to **800-332-9581**. 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 Walgreens Mail Service 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 Pharmacy Program number on the back of your member ID card.

*Medicines may take up to 10 days to deliver after Walgreens Mail Service receives and verifies your order.*

*Walgreens Mail Service is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois (BCBSIL).*

*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.*

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# Nurses available anytime you need them

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

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

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

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

*Call the 24/7 Nurseline with any health questions.*
*Toll-free: 800-299-0274*
*Hours of Operation: Anytime*

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

**Blue Care Connection®**

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# It's All About Diabetes

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

## Choosing a Blood Glucose Meter

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

- How does the meter score for accuracy? Does it come with a control solution or test strip to check for accuracy?
- Does the meter fit in your backpack, supplies kit or purse?

  How skillful are you at handling those test strips? You might want to try a meter that uses cartridges instead of individual strips.
- How much blood does the meter require? Less is better.
- Do you want to download results to a computer or email them to your doctor's office?
- Interested in alternative site testing? There are meters that can test samples from various places on the body.

*Blue Cross and Blue Shield of Illinois (BCBSIL) offers certain blood glucose meters to members with diabetes at no additional charge.* *See next page for details.*

## 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.

## 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, 2018**.

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

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

## CONTOUR®NEXT Blood Glucose Monitoring Systems

To order a CONTOUR NEXT meter to be shipped directly to you, call **800-401-8440**. Be sure to identify yourself as a BCBSIL member and mention ID code "BDC-BIL." Or you can visit **ContourNextFreeMeter.com**.

### *CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM*




- Easy to use and most accurate meter yet[1*]
- Receive immediate results on your Bluetooth®-connected smart phone or tablet
- Second-Chance® technology gives you 60 seconds to reapply blood to the same strip which may help prevent wasted strips

**Download the free CONTOUR®DIABETES app to get your results right on your smartphone or tablet.**

- Seamlessly connects to your Android or iOS smartphone
- Electronic log book to keep all your data in one place
- Review easy to read, color-coded trends
- Easily share your info with your health care professional

### *CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM*




- The easy-to-use features you want with the proven accuracy you expect
- Ready to test, right out of the box
- Easy-to-read display
- No Coding® technology makes testing easy by automatically setting the correct code each time a test strip is inserted into the meter
- Proven accuracy: CONTOUR NEXT test strips deliver results close to those obtained in a professional lab

*Visit **contournext.com** for more detailed descriptions on these meters.*
*For more information about diabetes, go to **bcbsil.com**,*
*log in to Blue Access for Members℠ (BAM℠) and click the 'My Health' tab.*

[1]*Christiansen M et al. Accuracy and user performance evaluation of a new blood glucose monitoring system in development for use with CONTOUR®NEXT test strips. Poster presented at the 15th Annual Meeting of the Diabetes Technology Society (DTS); 22–24 October, 2015; Bethesda, Maryland, USA.*

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

*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.*



# 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®, Sears Optical® and JCPenney 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 **My Coverage** tab at the top, and then click the **Discounts** link on the left.

## 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 in 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****.*

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

## EyeMed Vision Discounts

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

*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 does not guarantee or make any claims or recommendations regarding the services or products offered under Blue365. 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.*

Well onTarget®

# A New Way to Experience Wellness

## Well onTarget offers personalized tools and resources to help you — no matter where you may be on the path to health and wellness.

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

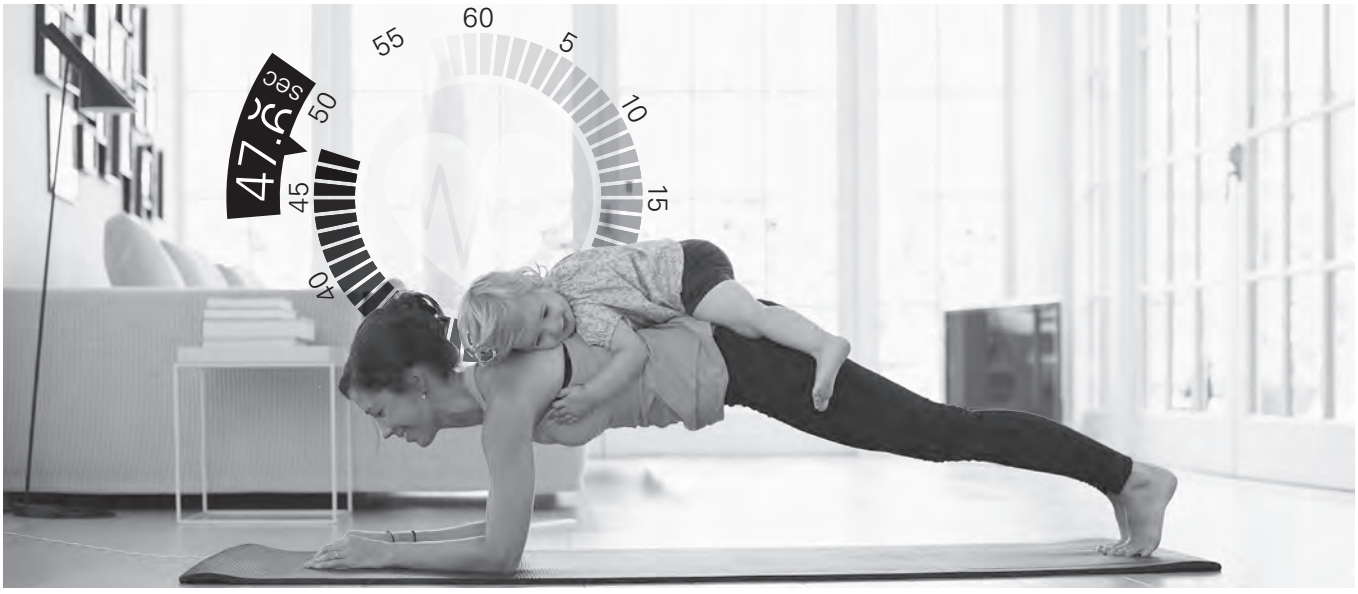
### Member Wellness Portal

The heart of Well onTarget is the member portal, available at **wellontarget.com**. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.

- **Self-directed courses:** These courses let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking and managing stress. Track your progress and reach your milestones as you make your way through each lesson. Reach your milestones and earn Blue Points℠.*
- **Health and wellness content:** The health library teaches and empowers through evidence-based, reader-friendly articles.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use a food and exercise diary, symptom checker and health trackers.

** 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.*

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



## Health Assessment (HA)

The HA uses adaptable questions to learn more about you. After you take the HA, you will get a personal wellness report. This confidential 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.

## Blue Points Program

Blue Points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points in the online shopping mall. The program gives you points instantly, so you can use them right away. If you want a larger reward, you can purchase additional points when you check out.

## Fitness Tracking

Track your fitness activity using popular fitness devices and mobile apps.

## Fitness Program**

Fitness can be easy, fun and affordable. The Fitness Program is a flexible membership program that gives you unlimited access to a nationwide network of more than 9,000 fitness centers. If you want, you can choose one gym close to home and one near work. And you can visit gyms while you're on vacation or traveling for work.

Other program perks include:

- **No long-term contract:** Membership is month to month. Monthly fees are $25 per month per member, with a one-time enrollment fee of $25 per member.
- **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 locate gyms and track your visits.
- **Health and wellness discounts:** Save money through a nationwide complementary and alternative medicine network of 40,000 health and well-being providers, such as massage therapists, personal trainers and nutrition counselors.

It's easy to join the Fitness Program! Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, from 8 a.m. to 9 p.m. in any continental U.S. time zone.

## Wellness Program Questions?

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

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

## *Take Wellness on the Go*

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

BlueCross BlueShield of Illinois

# Important Notices

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

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

### A. SPECIAL ENROLLMENT PROVISIONS

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

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

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

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

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

# II. Additional Notices

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

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

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

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

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

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

Health care coverage is important for everyone.

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| العربية<br>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<br>Chinese | 如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請撥電話 號碼 855-710-6984。 |
| Français<br>French | Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984. |
| Deutsch<br>German | Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an. |
| Ελληνικά<br>Greek | Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 855-710-6984. |
| ગુજરાતી<br>Gujarati | જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાયદેસર 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<br>Hindi | यदि आपके, या आप जिसकी सहायता कर रहे है उसके, प्रश्न है, 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<br>Italian | Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984. |
| 한국어<br>Korean | 만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오. |
| Diné<br>Navajo | T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkidígíí bee nił h odoonih. Ata'dahalne'ígíí bich'į' hodíílnih kwe'é 855-710-6984. |
| Polski<br>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<br>Russian | Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984. |
| Español<br>Spanish | Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984. |
| Tagalog<br>Tagalog | Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984. |
| اردو<br>Urdu | اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد 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<br>Vietnamese | Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984. |

PrimeMail® by Walgreens Mail Service

**Mail Service Registration & Prescription Order Form**

**www.bcbsil.com**

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## Prescription Drug Plan: Blue Cross and Blue Shield of Illinois

Use this form to register/submit your first prescription order. You can also register at **Walgreens.com/PrimeMail. DO NOT** staple, tape or paperclip anything to this form.

Please print clearly using only **BLACK INK** and **UPPERCASE** letters. Fill in the applicable circles completely (●). **Not all ID and Group Number boxes may be needed.**

### PATIENT INFORMATION

○ Male ○ Female

Date of Birth [MM/DD/YYYY] / /

Patient ID Number *(Located on card)*

Email Address *(To receive information regarding the processing of your order)*

Suffix *(If on card)*

BIN *(Located on card)*

PCN *(Located on card)*

Group Number *(Located on card)*

Last Name

First Name

Cell Phone – –

Text Msg* ○ Yes ○ No

Permanent Address Line 1

Work Phone – –

Permanent Address Line 2

Home Phone – –

City

State

ZIP Code

Government ID *(Most states require ID for controlled Rx substances by law)†*

Prescriber Last Name

Prescriber First Initial

Prescriber Phone – –

Prescriber Fax – –

### PATIENT

| Allergies | Health Conditions | Order Preference |
|---|---|---|
| ○ Aspirin | ○ Arthritis | ○ Large-print vial labels |
| ○ Cephalosporin | ○ Asthma | ○ Spanish vial labels |
| ○ Codeine derivatives | ○ Diabetes | |
| ○ Morphine derivatives | ○ Glaucoma | |
| ○ Penicillin | ○ Heart disease | |
| ○ Sulfa drugs | ○ Hypertension | |
| ○ None known | ○ Pregnancy | |
| ○ Other *(Use lines below)* | ○ Thyroid disease | |
| _____ | ○ None known | _____ |
| _____ | ○ Other *(Use lines at right)* | _____ |

### Payment Options

****Please do not send cash**** We accept checks and credit cards.

Checks should be made payable to Walgreens Mail Service

**Walgreens accepts Visa, MasterCard, Discover and American Express.**

Please visit www.Walgreens.com/PrimeMail to pay by credit card.

You will need to create an account: Go to Settings & Payment then Payment Methods to enter a credit card number.

You can also call our Customer Care Center for assistance at 877-357-7463.

**Standard text message and data rates may apply.*

*†Driver's license, state ID number, social security number, military ID or passport ID.*

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## DEPENDENT INFORMATION

○ Male
○ Female

Date of Birth [MM/DD/YYYY] / /

For separate shipping, please contact the Customer Care Center toll free at 877-357-7463.

Dependent Last Name

Dependent First Name

Suffix *(If on card)*

Email address *(To receive information regarding the processing of your order)*

Prescriber Last Name

Prescriber First Initial

Prescriber Phone – –

Prescriber Fax – –

### DEPENDENT

#### Allergies

○ Aspirin
○ Cephalosporin
○ Codeine derivatives
○ Morphine derivatives
○ Penicillin
○ Sulfa drugs
○ None known
○ Other *(Use lines below)*

#### Health Conditions

○ Arthritis
○ Asthma
○ Diabetes
○ Glaucoma
○ Heart disease
○ Hypertension
○ Pregnancy
○ Thyroid disease
○ None known
○ Other *(Use lines below)*

#### Order Preference

○ Large-print vial labels
○ Spanish vial labels

## ORDER INFORMATION—*If including a prescription order, please complete this section.*

**Please allow 10 business days from the time that you place your order to receive your prescription(s). A refill order form and return envelope will be included with your shipment.**

Generic equivalents are usually less expensive than brand name drugs. If we dispense a brand name drug, you may be responsible for a higher copayment and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent unless you check this box. ❑ I do not accept a generic equivalent.

By submitting this form, you have authorized release of all information to Walgreens (and other necessary parties) as required to process your order under your benefit plan.

Total number of prescriptions in this order. .

Total included for copay(s). $ .

○ Standard Shipping **NO CHARGE**
○ Next Business Day ($19.95†) $ .
○ 2nd Business Day ($12.95†) $ .

Total Payment Due. $ .

†*Shipping prices may be subject to change by carrier without notification and may vary depending upon weight and zone.*

**Please print your name and date of birth on all prescriptions; enclose them along with this completed form and mail to:**

Walgreens Mail Service
P.O. Box 29061
Phoenix, AZ 85038-9061

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BlueCross BlueShield of Illinois



**bcbsil.com**

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a Division of Health Care Service Corporation,
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Licensee of the Blue Cross and Blue Shield Association

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