

## **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<sup>SM</sup>

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**

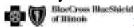
Using independently contracted network providers can help you save. Look at your ID card to find your network. Then go to **bcbsil.com** to look for doctors, hospitals and other places for care.

### **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.



Coverage for: All | Plan Type: HSA



: MIBEE107 BlueEdge HSA<sup>™</sup> 107

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 <a href="https://www.bcbsil.com/member/policy-forms/2019">www.bcbsil.com/member/policy-forms/2019</a> 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 <a href="https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf">www.bcbsil.com/member/policy-forms/2019</a> or other underlined terms see the Glossary. You can view the Glossary at <a href="https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf">https://www.cms.gov/CCIIO/Resources/Downloads/UG-Glossary-508-MM.pdf</a> or call 1-855-756-4448 to request a copy.

<b>Important Questions</b>	Answers	Why This Matters:
What is the overall deductible?	Individual: Participating \$3,500 Non-Participating \$7,000 Family: Participating \$7,000 Non-Participating \$14,000	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Doesn't apply to certain Preventive Care.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	Yes. Individual: Participating \$5,800 Non-Participating \$11,600 Family: Participating \$7,350 Non-Participating \$23,200	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , balance-billed charges, and health care this <u>Plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	<b>1-800-541-2768</b> for a list of Participating <u>Providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No. You don't need a <u>Referral</u> to see a <u>Specialist</u> .	You can see the <u>specialist</u> you choose without a <u>referral</u> .



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

		What You		
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Primary care visit to treat an injury or illness	20% coinsurance	40% coinsurance	Virtual visits may be available, please refer to your policy for more details.
If you visit a health care	<u>Specialist</u> visit	20% coinsurance	40% coinsurance	None.
<u>provider's</u> office or clinic	Preventive care/screening/ immunization	No Charge, <u>deductible</u> does not apply	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% coinsurance	40% coinsurance	None.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% <u>coinsurance</u>	
	Preferred generic drugs	Preferred-10% coinsurance Non-Preferred-20% coinsurance	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 limited to a 30-day supply. 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 25% additional charge after the applicable copay/coinsurance. Additional
If you need drugs to treat your illness or condition  More information about	Non-preferred generic drugs	Preferred-10% coinsurance Non-Preferred-20% coinsurance	20% coinsurance	
prescription drug coverage is available at https://www.bcbsil. com/member/	Preferred brand drugs	Preferred-20% coinsurance Non-Preferred-30% coinsurance	30% coinsurance	
prescription-drug-plan- information/drug-lists	Non-preferred brand drugs	Preferred-30% coinsurance Non-Preferred-40% coinsurance	40% coinsurance	charge will not apply to any <u>deductible</u> or out-of-pocket amounts. You may be eligible to synchronize your prescription refills, *please see your benefit booklet for details.
	Preferred specialty drugs	40% coinsurance	40% coinsurance	
	Non-Preferred specialty drugs	50% <u>coinsurance</u>	50% coinsurance	

<sup>\*</sup>For more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.bcbsil.com/member/policy-forms/2019</u>.

		What You Will Pay			
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Importan Information	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	None.	
	Physician/surgeon fees	20% <u>coinsurance</u>	40% coinsurance		
	Emergency room care	20% <u>coinsurance</u>	20% <u>coinsurance</u>		
If you need immediate medical attention	Emergency medical transportation	20% coinsurance	20% coinsurance	None.	
	Urgent care	20% coinsurance	40% coinsurance		
If you have a hospital	Facility fee (e.g., hospital room)	20% coinsurance	\$300/visit plus 40% coinsurance	None.	
stay	Physician/surgeon fees	20% coinsurance	40% coinsurance		
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% coinsurance	40% <u>coinsurance</u>	Preauthorization is required for Psychological testing; Neuropsychological testing; Electroconvulsive therapy; Repetitive Transcranial magnetic Stimulation; and Intensive Outpatient Treatment. Virtual visits may be available for Outpatient services, please refer to your policy for more details.	
	Inpatient services	20% coinsurance	\$300/visit plus 40% coinsurance	None.	
	Office visits	20% coinsurance	40% coinsurance	Cost sharing does not apply to certain	
If you are pregnant	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	<u>preventive services</u> . Depending on the type of services, <u>coinsurance</u> or <u>deductible</u> may	
	Childbirth/delivery facility services	20% coinsurance	\$300/visit plus 40% coinsurance	apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).	

		What You Will Pay			
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
	Home health care	20% <u>coinsurance</u>	40% coinsurance		
	Rehabilitation services	20% coinsurance	40% coinsurance		
	Habilitation services	20% coinsurance	40% coinsurance	None.	
If you need help recovering or have	Skilled nursing care	20% coinsurance	\$300/visit plus 40% coinsurance		
other special health needs	Durable medical equipment	20% <u>coinsurance</u>	40% coinsurance	Benefits are limited to items used to serve a medical purpose. <u>DME</u> benefits are provided for both purchase and rental equipment (up to the purchase price).	
	Hospice services	20% coinsurance	40% coinsurance	None.	
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered		
	Children's glasses	Not Covered	Not Covered	None	
	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)

Routine eye care (Adult)

Cosmetic surgery

Long-term care

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

of 18)

- Infertility treatment (4 per benefit period)
- Private-duty nursing

- Chiropractic care (30 visit max) Hearing aids (Limited to 1 hearing aid for each ear, every 36 months for members under the age
- Non-emergency care when traveling outside the 
   Routine foot care (Only in connection with U.S.
  - 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, 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 <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. 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 <u>www.bcbsil.com</u>, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit <u>www.dol.gov/ebsa/healthreform</u>.

Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit <a href="http://insurance.illinois.gov">http://insurance.illinois.gov</a>.

### Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### 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.

### **About These Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. 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 <u>plan's</u> overall <u>deductible</u>	\$3,500
■ Specialist coinsurance	20%
■ Hospital (facility) <u>coinsurance</u>	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	\$12,800	
In this example, Peg would pay:		
Cost Sharing		
Deductibles	\$3,500	
Copayments	\$0	
Coinsurance	\$1,800	
What isn't covered		
Limits or exclusions	\$60	
The total Peg would pay is	\$5,360	

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

■ The <u>plan's</u> overall <u>deductible</u>	\$3,500
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 (alucose meter)

Total Evample Cost

i otai Example Cost	<b>\$7,400</b>	
In this example, Joe would pay:		
Cost Sharing		
Deductibles	\$3,500	
Copayments	\$0	
Coinsurance	\$700	
What isn't covered		
Limits or exclusions	\$60	
The total Joe would pay is	\$4,260	

¢7 400

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

■ The <u>plan's</u> overall <u>deductible</u>	\$3,500
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	\$1,900
In this example, Mia would pay:	
Cost Sharing	
Deductibles	\$1,900
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900



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



<sup>\*</sup>Coverage levels vary by health plan, so refer to your plan documents for details.

# BlueEdge HSA<sup>™</sup> and BlueEdge Select HSA<sup>™</sup> 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<sup>SM</sup>, 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 ID card for help.

<sup>\*</sup>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**

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<sup>†</sup>.

• \$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<sup>††</sup>.
- 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.

†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.).

<sup>\*</sup>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.



#### Sam

has BlueEdge HSA coverage through his employer. His plan is paired with a health savings account. The HSA administrator issues Sam a debit card and checks that can be used to pay for eligible health care expenses that aren't covered by the health plan\*.

### Year One

- Sam's health savings account annual contribution
   \$1,500 (Sam contributes \$750 and his employer contributes \$750. The combined contribution cannot exceed the maximum determined annually by the IRS.)
- Sam's annual deductible = \$1,500

Sam had a physical and preventive care lab tests†.

• \$225 was paid by the preventive care benefit.

He injured his back and saw a specialist in the network.

 Charges totaled \$315, which Sam paid with his health savings account debit card††. This amount was also applied to the deductible.

He had six physical therapy visits for his back with a physical therapist who is part of the network.

Each therapy session cost \$175, for a total of \$1,050.
 Sam paid with his debit card and the total was applied to his deductible.

Sam broke his leg.

 Total charges were \$3,000. Sam paid \$135 from his debit card, which satisfied the annual \$1,500 deductible, leaving \$2,865. Health plan benefits paid 80 percent (\$2,292) and Sam paid his 20 percent coinsurance (\$573).

Sam used all the funds in his health savings account.

### **Year Two**

- Sam and his employer each contributed \$750 to his health savings account for a total of \$1,500.
- -The annual deductible is \$1,500.

He had an annual physical and several preventive care lab tests.

• \$280 was paid by the preventive care benefit.

He had an eye exam and purchased a year's supply of contact lenses.

 Total charges were \$320, which Sam paid with his debit card. Charges for the routine eye exam do not count toward the deductible.

At the end of the year, Sam changed health plans. His health savings account is completely portable, so he kept the unspent funds to be used tax free for qualified medical expenses.

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

ttFunds 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.).

<sup>\*</sup>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.

# 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.

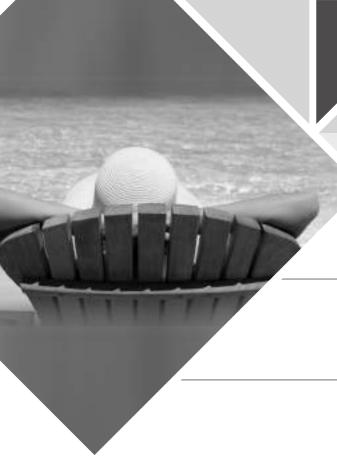
### Is there a specific health plan design for HSAs?

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.



## 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<sup>SM</sup> coverage, your dependents must live within the defined service area.

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

### **International Coverage**

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

Providers that participate in the Blue Cross Blue Shield Global 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.

<sup>\*</sup>The Blue Cross Blue Shield Global Core program was formerly known as BlueCard WorldWide®.



**Blue Access for Members**<sup>SM</sup>

# 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<sup>SM</sup>).

### 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

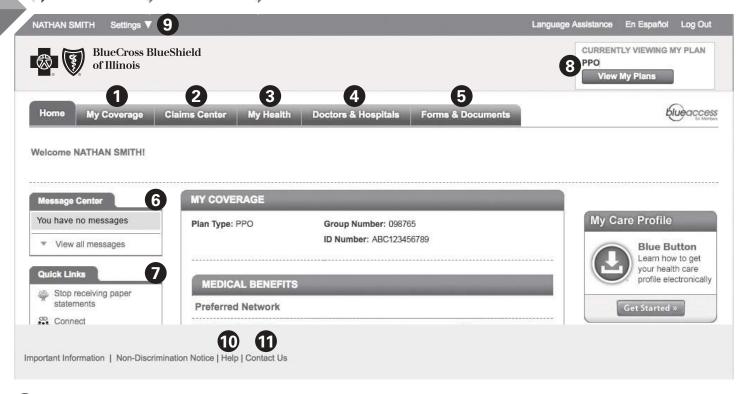
- 1. Go to bcbsil.com/member
- 2. Click Register Now
- Use the information on your BCBSIL ID card to complete the registration process.

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



- 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** My 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.
- Forms & Documents: Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- **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.
- **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.
- Help: Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- **Contact Us**: Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.

## 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<sup>1</sup> near you by texting<sup>2</sup>
   URGENTIL to 33633 and then type in your ZIP code.

<sup>&</sup>lt;sup>1</sup>The closest urgent care center may not be in your network. Be sure to check Provider Finder to make sure the center you go to is in-network.

<sup>&</sup>lt;sup>2</sup>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.



### **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.

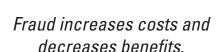
### **Identifying Fraud**

### 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.





### **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!

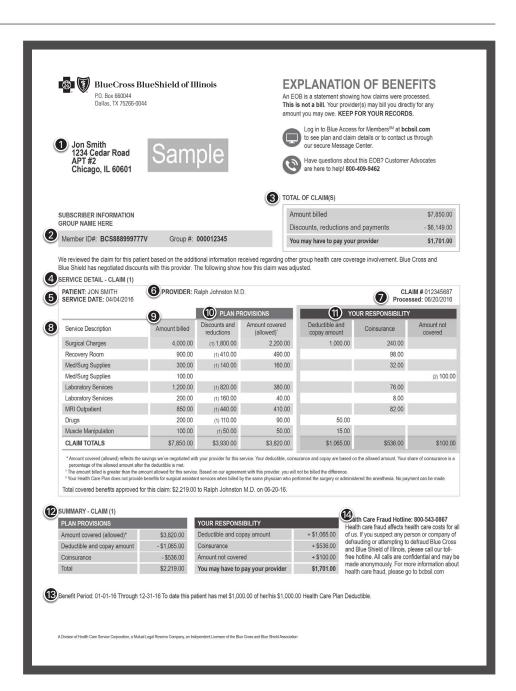
Sign up for Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) at **bcbsil.com** for convenient and confidential access to your claim information and history. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on **Settings/Preferences** to change your preferences.



Available in English and Spanish

### Sample EOB

- Member's name and mailing address
- 2. Member ID and group number
- 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
- Claim number and date the claim was processed
- 8. Service description
- 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
- Claim summary with amount covered less your responsibility
- Deductible and/or out-of-pocket expense information
- 14. Health Care Fraud Hotline





## **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



### **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, log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) at **bcbsil.com/member**. To register for a BAM account, all you need are your group and identification numbers, found on your member ID card. BAM is secure and easy to use.

For basic provider searches, you can also access Provider Finder® without logging in to BAM. Just visit **bcbsil.com** and click on the 'Find a Doctor or Hospital' tab.

### 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.



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.

<sup>\*</sup> Costs vary. Please see your benefit booklet for details.

### The BCBSIL App!



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

- 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\*

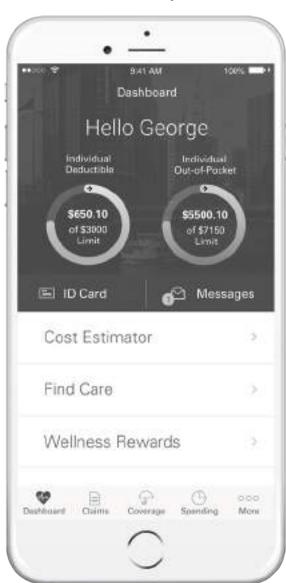
### Text\*\* **BCBSILAPP** to **33633** to get the app.

- \* 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.





### **Available in Spanish**



# Looking for the right doctor?

Provider Finder® is the quick and easy way to make better health care decisions for you and your family.

Provider Finder from Blue Cross and Blue Shield of Illinois (BCBSIL) is an innovative tool for helping you choose a provider, plus estimate and manage health care costs.

By logging in to Blue Access for Members<sup>SM</sup> (BAM) you can use Provider Finder to:

- Find a network primary care physician, specialist or hospital.
- Filter search results by doctor, specialty, ZIP code, language and gender – even get directions.
- Estimate the cost of hundreds of procedures, treatments and tests and your out-of-pocket expenses.
- Determine if Blue Distinction Center® (BDC), BDC+ or Blue Distinction Total Care is an option for treatment.
- View patient feedback or add your review for a provider.
- Review providers' certifications and recognitions.

It's easy, immediate, secure – and available at bcbsil.com.



### You're in charge with more information.

- Do you want to know more about the providers who take care of you or your family?
- Do you need to know the estimated cost of a medical service?
- Do you want to know what feedback other patients had on a provider?



### **Informed Choice. Cost Management. More Options.**

### Choose your provider and estimate the cost for hundreds of medical procedures.

It's easy to get started with Provider Finder by registering for Blue Access for Members<sup>SM</sup> (BAM):

- 1. Go to bcbsil.com.
- 2. Click the Log In tab, and then click the Register Now link.
- 3. Use the information on your BCBSIL ID card to complete the process.
- 4. Then, log in to BAM. Provider Finder is located under the **Doctors & Hospitals** tab.

You can also call a BCBSIL Customer Service Advocate at the toll-free telephone number on the back of your member ID card for help in locating a provider.



Screen shots are for illustrative purposes only.



Get it on the go!

### Get assistance while you're away from home.

Go to **bcbsil.com** and register or log in to BAM. You can stay connected to your claims activity, member ID card and coverage details – you can also receive prescription reminders and health tips via text messages.

## **Prescription Drug and Wellness Information**





# A home-delivery pharmacy service you can trust.

AllianceRx Walgreens Prime 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**

 AllianceRx Walgreens Prime 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 AllianceRx Walgreens Prime.
- You can receive up to a 90-day supply of longterm 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 alliancerxwp.com/homedelivery 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.
- AllianceRx Walgreens Prime pharmacies are located in the U.S.



AllianceRx Walgreens Prime will notify you when your prescription is received, when it ships and when it is due for a refill.





## Getting Started with AllianceRx Walgreens Prime Home Delivery

### Online and Mobile

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

- Visit alliancerxwp.com/home-delivery. Follow the instructions to create a new account or sign in with your Walgreens.com username and password.
- Log in to myprime.com and follow the links to AllianceRx Walgreens Prime.
- You can also continue to use your Walgreens. com account.

### 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<sup>SM</sup> (BAM<sup>SM</sup>). Complete the mail order form. Mail your prescription, completed order form and payment to AllianceRx Walgreens Prime.

### **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 AllianceRx Walgreens Prime 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 AllianceRx Walgreens Prime remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

### Ouestions?

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



Medicines may take up to 10 days to deliver after AllianceRx Walgreens Prime receives and verifies your order.



Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy.

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.

### **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 is a smaller version of the Basic Drug List. It includes mostly generic and select preferred brand drugs. The Performance Drug List, Performance Select Drug List and 2018 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 2018 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 2018 Commonly Prescribed Drugs**

This list is a sample of commonly prescribed generic and preferred brand drugs. Refer to the BCBSIL prescription drug lists at <a href="https://bcbsil.com">bcbsil.com</a> 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 2018 Drug List (for Metallic plans) may be 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

enalJuly

enalJuly/hydrochlorothiazide

fosinopril

fosinopril/hydrochlorothiazide

lisinopril

lisinopril/hydrochlorothiazide

moexipril

moexipril/hydrochlorothiazide

perindopril quinJuly

quinJuly/hydrochlorothiazide

ramipril

trandolJuly

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

candesartan

candesartan/hydrochlorothiazide

irbesartan

irbesartan/hydrochlorothiazide

losartan

losartan/hydrochlorothiazide

olmesartan

olmesartan/hydrochlorothiazide

telmisartan

telmisartan/hydrochlorothiazide

valsartan

valsartan/hydrochlorothiazide

### **Beta Blockers and Combinations**

acebutolol

atenolol

atenolol/chlorthalidone

bisoprolol

carvedilol

labetalol

metoprolol succinate ext-release

metoprolol tartrate

nadolol

pindolol

propranolol ext-release

propranolol tabs

### Calcium Channel Blockers and Combinations

amlodipine

amlodipine/benazepril

amlodipine/valsartan

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 TRELEGY ELLIPTA

**VENTOLIN HFA** 

zafirlukast



### **October 2018 Commonly Prescribed Drugs continued**

### **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

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

**GLYXAMBI** 

INVOKAMET

**INVOKAMET XR** 

INVOKANA **JARDIANCE** 

KOMBOGLYZE XR

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.



# Understanding Your Coverage Options

with the Member Pay the Difference prescription drug benefit.

Through Blue Cross and Blue Shield of Illinois (BCBSIL), your prescription drug benefit uses a Member Pay the Difference pharmacy benefit designed to encourage members to use medicines that have been shown to be safe and cost-effective.

## How does Member Pay the Difference work?

When you fill a prescription through a contracting pharmacy\* for a covered brand name drug where a **generic equivalent** is available, you may pay more. You will pay the copay/coinsurance amount *plus* the difference in cost between the brand drug and its generic equivalent.\*\*

This may apply even if your doctor writes "do not substitute" on your prescription.

## What is a generic drug?

A generic drug is a version of a brand-name drug, and is also approved by the U.S. Food and Drug Administration (FDA). When compared to the brand drug, a generic drug is the same, is as 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 drug.
- A generic alternative is often used to treat the same condition, but the active ingredient(s) differs from the brand drug.

Your pharmacist can often substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

But only you and your doctor can decide if a generic alternative is right for you. Please note that the Member Pay the Difference benefit does not apply to generic alternatives.

## Get the most from your pharmacy benefit.

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

- View the BCBSIL Drug List. Ask your doctor to check this list when recommending prescription drug options for you.
- Use online pharmacy resources to get information about your out-of-pocket cost for a prescription, view your claims history and more.

Go to bcbsil.com and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) to learn more about your prescription drug benefit and access online resources.

## What if I have questions?

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

If you have any questions about your prescription drug benefit, see your plan materials or call the number on the back of your member ID card.

<sup>\*</sup>The relationship between Blue Cross and Blue Shield of Illinois (BCBSIL) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

<sup>\*\*</sup>Your out-of-pocket costs are determined by your particular benefit plan, your plan's prescription drug list, the date of the prescription and/or the date you filled your prescription. Coverage is always subject to the exclusions and limitations of your benefit plan.



# 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 contracting extended-supply retail or mail service pharmacies. How much you pay will be based on the medicine and your benefit plan.

Visit bcbsil.com to find a contracting extended-supply retail or mail service pharmacy convenient for you. Log into Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) and click on **Prescription Drugs** in the **Quick Links** section. Then select **Find a Pharmacy**.

## To Purchase Your Long-Term Medicine at an Extended-Supply 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 to a contracting extended-supply retail pharmacy.

## To Purchase Your Long-Term Medicine Through a Mail 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. To print a new prescription order form, log into BAM, click on the **Forms & Documents** tab and search for the mail order form. You may also be able to complete the form online.
- **4.** Mail your prescription, completed order form and payment to the mail service pharmacy. Or call the contracting mail service pharmacy you have chosen.
- 5. Keep in mind that medicines take up to 10 business days to deliver after the mail service pharmacy receives and verifies your order.

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



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





# Do You Need Specialty Medications?

Blue Cross and Blue Shield of Illinois (BCBSIL) has arranged for AllianceRx Walgreens Prime\* to support members who need self-administered specialty medication and help them manage their therapy.

Specialty drugs are often prescribed to treat chronic, complex or rare conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These drugs may be given by infusion (intravenously), injection, taken by mouth or some other way.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may not be stocked by retail pharmacies. They often cost more than non-specialty prescriptions.

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

Your plan may require you to get your self-administered specialty drugs through AllianceRx Walgreens Prime or another in-network specialty pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.\*\*

# Examples of Self-Administered Specialty Medications

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

Condition	Sample Medications***
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tarceva
Growth Hormones	Increlex, Omnitrope
Hepatitis C	Epclusa, Harvoni, Mavyret and Vosevi
Multiple Sclerosis	Betaseron, Copaxone, Rebif
Rheumatoid Arthritis/Psoriasis	Enbrel, Humira, Stelara



# Support in Managing Your Condition: AllianceRx Walgreens Prime

Through AllianceRx Walgreens Prime, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through AllianceRx Walgreens Prime, you get one-on-one support in managing your therapy – at no additional charge – including:

- Convenient delivery of drugs to you or your doctor's office
- Information to help you stay on track with your therapy and help you manage any side effects you may feel
- Syringes, sharps containers and other supplies with each shipment for self-injectable drugs
- 24/7/365 specialty pharmacy access

# Ordering Through AllianceRx Walgreens Prime

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to AllianceRx Walgreens Prime. To start using AllianceRx Walgreens Prime, call 877-627-6337, Monday-Friday, 8 a.m. - 8 p.m. ET.

# When switching pharmacies, have your ID card and be ready with your:

- Name, address, phone number
- Name of medication
- Current pharmacy's name and phone number (for existing prescriptions), and the prescription number
- Doctor's name, phone and fax numbers

Your doctor may also order select specialty drugs that must be given to you by a health professional through AllianceRx Walgreens Prime.

## **Receiving Specialty Medications**

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

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

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered\*\*\*\*
- Discuss any changes in your condition or answer any questions about your health\*\*\*\*

You can reach AllianceRx Walgreens Prime at 877-627-6337.



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



- \*Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery company.
- \*\*The BCBSIL specialty pharmacy network includes AllianceRx Walgreens Prime as well as other in-network specialty pharmacies for select specialty drugs. BCBSIL HMO members have a separate specialty pharmacy network. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for Members<sup>SM</sup> account to find an in-network specialty pharmacy near you.
- \*\*\*Third-party brand names are the property of their respective owners.
- \*\*\*\*Treatment decisions are between you and your doctor.

# **Specialty Medications**

Blue Cross and Blue Shield of Illinois (BCBSIL) has arranged for Prime Therapeutics Specialty Pharmacy™\* to support members who need specialty medications and help them manage their therapy.

Specialty drugs are often prescribed to treat chronic, complex health problems, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These drugs are typically received by injection, but may be topical or taken by mouth.

Specialty drugs frequently call for careful adherence to a treatment plan and have special handling or storage needs and may not be stocked by retail pharmacies.

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

Your plan requires that you get specialty drugs through Prime Specialty Pharmacy to receive the highest level of benefits. If you choose to use a pharmacy outside Prime Specialty Pharmacy, your benefits may be reduced or your medication may not be covered.

# Examples of Self-Administered Specialty Medications

The chart below shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This list is not all-inclusive and may change from time to time. Visit **bcbsil.com** to see the up-to-date list of specialty drugs.

Condition	Sample Drugs**
Osteoporosis	Forteo
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tykerb
Growth Hormones	Genotropin, Humatrope, Norditropin, Omnitrope, Tev-Tropin
Hepatitis C	Copegus, Infergen, Intron-A, Pegasys, Peg-Intron
Multiple Sclerosis	Avonex, Betaseron, Copaxone, Rebif
Rheumatoid Arthritis/Psoriasis	Enbrel, Humira, Kineret



## **Specialty Medications** – Continued

# Support in Managing Your Condition: Prime Specialty Pharmacy

Through Prime Specialty Pharmacy, you can have your covered, self-administered specialty drugs delivered straight to you, or to your doctor's office. When you get your specialty drugs through Prime Specialty Pharmacy, you get support in managing your therapy – at no additional charge – including:

- Convenient delivery of drugs to you or your doctor's office
- Information about your particular condition and about managing potential medication side effects
- Syringes, sharps containers and other supplies with each shipment for self-injectable drugs
- 24/7/365 Customer Service phone access

## **Ordering Through Prime Specialty Pharmacy**

To start using Prime Specialty Pharmacy, call **877-627-MEDS (6337)**. If you currently use a self-administered specialty drug, you can have your existing prescription transferred to Prime Specialty Pharmacy.

If you have a new prescription, Prime Specialty Pharmacy can give you more information about submitting the prescription or having your doctor do so. Your doctor may also order office-administered specialty drugs through Prime Specialty Pharmacy.

Certain coverage exclusions and limitations may apply, based on your health plan. Check your benefit materials for details, or call the number on the back of your ID card with questions.

# Call Prime Specialty Pharmacy at 877-627-MEDS (6337) to order.

Have your ID card and the following information ready:

- Name, address, phone number
- Name of medication
- For existing prescriptions, your current pharmacy's name and phone number and the prescription number
- Doctor's name, phone and fax numbers

## **Receiving Specialty Medications**

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

Before your scheduled refill date, you may be contacted to:

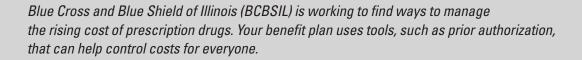
- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered
- Discuss any side effects you may be having

If you need support, you can reach Prime Specialty Pharmacy at **877-627-MEDS (6337)**.

<sup>\*</sup> Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC, a pharmacy benefit management company. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. Blue Cross and Blue Shield of Illinois, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

<sup>\*\*</sup> Third-party brand names are the property of their respective owners

# Prior Authorization Program



## What is prior authorization?

The prior authorization program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse. Before medications included in the prior authorization program can be covered under your benefit plan, your doctor will need to get approval through BCBSIL.



Treatment decisions are always between you and your doctor.



If you are already taking or are prescribed a drug that is part of the prior authorization program, your doctor can submit a prior authorization request form so your prescription can be considered for coverage. Your doctor can find prior authorization forms on the provider website at <a href="mailto:bcbsil.com">bcbsil.com</a>. Doctors may also call 800-285-9426 with questions, or to get a form.

## How does the program work?

#### If the prior authorization request is approved:

You will pay the appropriate amount based on your prescription drug benefit when you fill your prescription.

#### If the prior authorization request is not approved:

The medication will not be covered under your prescription drug benefit. You can still purchase the medication, but you will be responsible for the full cost. You can talk to your doctor to find out if another drug might be right for you. Remember, treatment decisions are always between you and your doctor. As always, the appeal rights provided by your benefit plan are available to you.

# Why are only certain drugs included in the program?

The program's goal is to promote safe, cost-effective medication use. Therefore, the prior authorization program includes drugs that are not only high-cost but sometimes are misused. Oral fentanyl is one example. These drugs are meant to treat and manage breakthrough cancer pain. However, oral fentanyl is sometimes misused to treat other conditions that are not cancer-related.



## **Prior Authorization Program** – Continued

# What should I do if I take a drug that is part of the program?

If you are already taking a medication that is included in the prior authorization program after the program becomes part of your prescription drug benefit, your doctor will need to submit a prior authorization request for your prescription before you can continue to receive coverage for the drug.



The prior authorization program encourages safe and cost-effective medication use.



If your doctor writes you a new prescription for a medication included in the program, your doctor will need to submit a prior authorization request before the drug can be covered under your benefit plan.

# What medications are included in the prior authorization program?

The box below shows examples of drug categories that may be included in the prior authorization program. If you have questions about the prior authorization program, or to find out if a particular drug is included in the program, call the number on the back of your ID card. You may also visit **bcbsil.com/member** to view your plan's Prescription Drug Lists. If a drug commonly requires prior authorization, it is noted in the list.

Drug Categories Which May Be Included in the Prior Authorization Program\*

**Growth Hormone** 

Hepatitis B & C Medications

Fentanyl (Oral or Nasal)

Tools such as prior authorization encourage safe and cost-effective medication use, and help manage the rising cost of prescription drugs – for everyone.

<sup>\*</sup> Additional categories may be added and the program may change from time to time.



# Step Therapy Program

Blue Cross and Blue Shield of Illinois is working to find ways to manage the rising cost of prescription drugs. Your benefit plan uses tools, such as step therapy, that can help control costs for everyone.

## What is step therapy?

The step therapy program encourages safe and costeffective medication use. Under this program, a "step" approach is required to receive coverage for certain high-cost medications. This means that to receive coverage, you may need to first try a proven, costeffective medication before using a more costly treatment, if needed. Remember, treatment decisions are always between you and your doctor.

# Don't more expensive drugs work better?

Not necessarily. A higher cost does not automatically mean a drug is better. For example, a brand drug may have a less-expensive generic or brand alternative that might be an option for you. Generic and brand drugs must meet the same standards set by the U.S. Food and Drug Administration for safety and effectiveness. Work with your doctor to determine which medication options are best for you.

## How does the program work?

The step therapy program requires that you have a prescription history for a "first-line" medication before your benefit plan will cover a "second-line" drug.

- A first-line drug is recognized as safe and effective in treating a specific medical condition, as well as being cost-effective.
- A second-line drug is a less-preferred or sometimes more costly treatment option.

#### Step 1

When possible, your doctor should prescribe a first-line medication appropriate for your condition.

#### Step 2

If your doctor determines that a first-line drug is not appropriate for you or is not effective for you, your prescription drug benefit will cover a second-line drug when certain conditions are met.



Work with your doctor to determine which medication options are best for you.





## **Step Therapy Program** – Continued

# What should I do if I take a drug that is part of the step therapy program?

If you are already taking a medication that is part of the step therapy program, you may not be affected. Call the number on the back of your ID card to find out.



The step therapy program encourages safe and cost-effective medication use.



If you start taking a medication that is included in the step therapy program after the program becomes part of your prescription drug benefit, your doctor will need to write you a prescription for a first-line medication or submit a prior authorization request for the prescription before you can receive coverage for the drug. Your doctor can find prior authorization forms on the provider website at <a href="bcbsil.com">bcbsil.com</a>. Doctors may also call 800-285-9426 with questions, or to get a form.

# What medications are included in the step therapy program?

The box below shows examples of drug categories that may be included in the step therapy program.

If you have questions about the step therapy program, or to find out if a particular drug is included in the program, call the number on the back of your ID card. You may also visit **bcbsil.com/member** to view your plan's Prescription Drug Lists. If a drug commonly requires step therapy, it is noted in the list.

Drug Categories Which May Be Included in the Step Therapy Program\*

Cholesterol

Cox-2 Inhibitors (pain relief)

Depression

Proton Pump Inhibitors (gastroesophageal reflux disease)

Rheumatoid Arthritis/Psoriasis

Tools such as step therapy encourage safe and costeffective medication use, and help manage the rising cost of prescription drugs – for everyone.

<sup>\*</sup> Additional categories may be added and the program may change from time to time.



# Nurses available anytime you need them

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

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

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever

- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more



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

Hours of Operation: Anytime

Blue Care Connection®



1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

Plus, when you call, you can access an audio library of more than

\*24/7 Nurseline is not available to HMO members.

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.



# **Blue365**<sup>®</sup>

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<sup>SM</sup> (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 \$10 off contact lens fit and follow-up				
Complete Pair of Glasses Purchase: frame, standard plasti in the same transaction to rec					
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	ee.				
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				
	<u> </u>				

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.

# 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 recordkeeping 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, 2019**.

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.



#### It's All About Diabetes — continued

## 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<sup>1\*</sup>
- Receive immediate results on your Bluetooth®connected smart phone or tablet
- Second-Chance<sup>®</sup> 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<sup>SM</sup> (BAM<sup>SM</sup>) and click the 'My Health' tab.



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 fingertin results (nations).

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.



# **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.

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 and the Cross and the



#### 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 Arabic	إن كان لديك أو لدى شخص تساعده أسئلة، قلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون . اية تكلفة المتحدث مع مترجم فوري، انصل على الرقم 855-710-855.
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 interprête, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
Ελληνικά Greek	Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 855-710-6984.
ગુજરાતી Gujarati	જા તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પૃશ્નો હોય તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કૉલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।.
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 먼어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Dinë Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá niík'e níká a'doolwoł dóó bina'ídíłkidígií bee nił h odoonih. Ata'dahalne'ígíí bich'į' hodíílnih kwe'é 855-710-6984.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezplatnej informacji i pomocy we własnym języku. Aby porozmawiać z flumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
ارتو Urdu	اگر آپ کو ، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو ، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 856-710-858 پر کال کریں۔
Tiềng 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 miền phi. Đề nói chuyên với một thông dịch viên, gọi 855-710-6984.



# Group Enrollment Application | Change Form

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

## ENROLLMENT APPLICATION/CHANGE FORM INSTRUCTIONS

#### PLEASE READ THOROUGHLY BEFORE COMPLETING ENROLLMENT APPLICATION/CHANGE FORM Use a black or blue ballpoint pen only. Print neatly. Do not abbreviate.

#### SECTION 1 ENROLLMENT EVENTS

Check all the boxes that apply to indicate if you are a new enrollee or if you are requesting a change to your coverage. Indicate the event and date, if applicable. Complete the additional sections that correspond to your selection.

New Enrollee: Complete all sections where applicable

Add Dependent: Complete all sections where applicable

- If you are applying for coverage for a disabled dependent over the age limit of your employer's plan, please provide the additional information requested in Section 5. Additional documentation may be required as addressed in that section
- If your employer offers coverage for children and your children are eliqible, your children are eliqible for health and/or dental coverage up to the dependent limiting age and may not be denied coverage due to marital, student or employment status before age 26 (check with your employer for additional details regarding eligibility requirements). In addition, eligible military personnel may not be denied coverage before age 30 under Illinois law. If you are adding an eligible military personnel dependent who is over the age limit of the employer's plan, completion of a Defense Department Form (DD 214) is required in addition to this applic

Open Enrollment: The period of time offered on a regular basis during which you can elect to enroll in a specific group health insurance plan or make changes to your

Special Enrollment Event: If you qualify, special enrollment is any change to your current membership such as marriage\*, divorce\*\*, adoption, suit for adoption or placement for adoption, leave/layoff, moving out of the service area, etc. This change may occur outside of open enrollment.

Effective Date of Benefits: Field is mandatory and should reflect your requested date

Completion of Other Eligibility Requirements: Check this box only if your employer has eligibility requirements that you have met/completed prior to enrollment, such as measurement period or orientation period.

Cancel Enrollee/Cancel Dependent/Cancel Coverage: Complete Sections 1, 2, 4 (skip Section 4 if declining coverage), 8 and 9. In Section 4 include name, social security number and date of birth of individual(s) canceling.

# SECTION 2 YOUR INFORMATION

Complete this section with details about yourself even if you are declining coverage.

#### SECTION 3 YOUR COVERAGE

Complete all portions related to the coverages for which you are applying. Please list the seven character plan ID for your selected benefit design (example: S533PPO) in the plan # field. If you are unsure of your group size or do not know your plan ID, please ask for guidance from your employer.

If you are enrolling with Dearborn National®, enter the information requested. When listing the beneficiary, provide both the first and last name and the relationship to you. List all beneficiaries that apply.

#### **SECTION 4** COVERAGE OPTIONS

Complete all areas that apply to you and each dependent

#### For HMO Plans Only:

- Those applying for HMO coverage are required to select a primary care physician/practitioner (PCP) for each covered individual. List the name of the physician/practitioner and the provider number from the provider directory or Provider Finder® at bcbsil.com. Be sure to check the appropriate box for a new patient.
- If you selected HMO coverage, you must select a medical group/individual practice associations (IPAs) and a primary care physician (PCP) for each person to be covered. You must also select a PCP within the selected medical group/IPA for each person to be covered. You may choose a different medical group/IPA for each person. Care received from a woman's principal health care provider (WPHCP) may be eligible for coverage without referrals from your PCP. However, your PCP and your WPHCP must be affiliated with or employed by your medical group/IPA in order for each person to be eligible for coverage. Until we receive your selected medical group/IPA, you may not be eligible and your claims may be denied. Be sure to enter the medical group/IPA number, name, PCP number and name
- If you are adding an eligible military personnel dependent who is over the age limit of your employer's plan, completion of a Defense Department Form 214 (DD 214) is required in addition to this application.

Change Primary Care Physician/Practitioner: Complete Section 1 and check the "Other Change(s)" box; then, complete Sections 2, 3, 4 and 9. In Section 4, please include enrollee's or dependent's name, social security number, date of birth, name and number of the new PCP and the name and number of the new IPA.

Change Address/Name: Complete Section 1 and check the "Other Change(s)" box; then, complete Sections 2 and 9,

#### SECTION 5 DISABLED DEPENDENT

A disabled dependent must be medically certified as disabled and dependent upon you or your spouse\*\*\*/domestic partner in order to be considered for coverage if dependent coverage is part of your employer's plan. The disabled dependent is required to be covered prior to age 26 to be eligible for coverage over the dependent child age limit of your employer's plan. A Disabled Dependent Certification and Disabled Dependent Physician Certification document must be completed and submitted with this enrollment application, if applicable.

#### **SECTION 6** OTHER COVERAGE

Complete this section if you or any dependent have other group or individual health and/or dental coverage (if applicable) that will not be canceled when the coverage under this application becomes effective

#### **SECTION 7** MEDICARE COVERAGE

Complete this section if you or any of your dependents are covered by Medicare. Enter the start and end dates for the coverage that applies. Your Medicare HIC number must be listed (it can be found on your Medicare ID card). Check the reason for your Medicare coverage.

#### DECLINATION OF COVERAGE

Complete this section if you are declining health coverage for yourself and your dependents. Anyone declining coverage for any reason should complete Section 8, not just those

IMPORTANT NOTICE: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health care coverage, you may, in the future, be able to enroll yourself or your dependents in the plan if you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, party to a civil union, birth, adoption, becoming a party in a suit for adoption, or placement of a foster child in your home, you may be able to enroll yourself and your dependents if you request enrollment within 31 days after the marriage, birth, adoption, suit for adoption or placement for adoption, or placement of an eligible foster child in

# **SECTION 9**

Sign your name and date the enrollment application if you agree to the conditions set forth in this section. Your enrollment application should be submitted to your employer's Enrollment Department, which will then submit your form to BCBSIL.

As used on the application (unless indicated otherwise): These terms may be used in a different way in other documents.

- \* The term "narriage" includes legal marriage and the establishment of a civil union or domestic partnership (coverage subject to your employer's plan).

  \*\* The term "divorce" includes legal divorce and the comparable termination of a civil union or domestic partnership (coverage subject to your employer's plan).

  \*\*\* The term "spouse" includes a legal spouse and a party to a civil union or domestic partnership (coverage subject to your employer's plan).

Changes in state or federal law or regulations, or interpretations thereof, may change the terms and conditions of coverage. If you are a current member and have questions, you may call the Customer Service number on the back of your member ID card.

20005.0817

# ENROLLMENT APPLICATION/CHANGE FORM

ઐ	(eg)	BlueCross	Bl
$\sim$			

lueShield of Illinois

pearborn ★ national\*

	G	iro	up	#				
Account #								

Section #	Socia	I S	eci	urity	/ #	

Category

CECTION 1 ENDOLLMENT									
SECTION 1 — ENROLLMENT I	EVENTS PLEASE (	CHECK AL	L THAT APP	LY - IF YOU	ARE DECLINING	COVERAG	E, COMPLE	TE SECTIONS 2, 8 AND 9 ONLY	
☐ New Enrollee ☐ Add Dependent ☐	Open Enrollment   O	ther Cha	nges			☐ Canc	el Enrollee	☐ Cancel Dependent	
Are you applying as a result of a Speci	ial Enrollment Event?		-						
□ No □ Yes, Event Date: / /	'						-	☐ Health ☐ Dental	
<b>Event:</b> ☐ New Hire ☐ Marriage* ☐ Birt							☐ Term Life ☐ Dependent Life		
☐ Adoption, Placement for Adopt		(provide l	egal docum	ients)				oility 🗆 Long-Term Disability	
<ul><li>☐ Court Order (provide court orde</li><li>☐ Loss of Other Coverage</li></ul>	er or decree)					1		e canceling in Section 4 below	
☐ Coss of Other Coverage ☐ Other (explain):								* □ Death	
Effective Date of Benefits: / /	Completion of (	Othor Eli	aibility Dod	uuirom onto			☐ Terminat	ed Employment 🛚 Other	
Effective Date of Benefits://	\( \text{Completion of C}	Jiner Ell	gibility ned	quirements	i	Indicate	Event Da	te:/	
SECTION 2 — PLEASE TELL U	S AROUT YOURSE	IF I	COMPLE	TE EVEN	IF DECLINING				
Last Name	First Name		MI (opt)	Suffix	Birth Date (MM/I		Social Sec	urity #	
Edst Name	T II ST TVAITIO		IVII (Opt)	Outlix	Birtir Bate (Wilvi)	00/1111/	oociai occ		
Mailing Address - Street - Apt #			City				State	ZIP code	
Mailing Address - Street - Apt #			City				State	ZIF code	
E 3 A L L			= 1.4.1	1	" "				
Email Address			☐ Male	Home/Ce	ell Phone #				
			☐ Female						
Name of Employer	Job Title		Busine	ss Phone #	Employm	ent Date	MM/DD/YYYY)	On average, how many hours a week do you work?	
								(required)	
Eligibility Status: ☐ Active Employee ☐ Re	tire d Francis (C	latira	+-		DDA Coverson C	havet D-+-		· ·	
						arı Date_		. Frojected ENG Date	
☐ Illinois Continuation (insured plans on									
SECTION 3 — SELECT YOUR	COVERAGE PLE	ASE CH	HECK ALL	THAT APP	PLY				
		mall Gro	up Plans (1	-50 Employ	ees)				
Affordable Care Act Plans	G	randfath	ered and G	randmothe	red/Transitional	Plans			
				trepreneur l			antage HM	Оsм	
☐ Blue Choice Preferred PPO <sup>SM</sup>		Blue Ch	oice Select	PPO <sup>SM</sup>				O Value Choice <sup>sм</sup>	
☐ Blue Options <sup>sм</sup>			ge Select H	SA <sup>SM</sup>				ation Organization (CPO)	
☐ Blue Precision HMO <sup>sм</sup>			ge HSA™				ue Choice		
☐ BlueCare Direct <sup>SM</sup>			ge HCA Dire	ect <sup>sm</sup>					
Plan # (required)		] PPO Va	lue Choice		P	an # (req	uired)		
Mid-Market	and Large Group Standa	ard Plans	(51+ Emplo	oyees)			Previous I	BCBSIL or HMO Membership	
Mid-Market & Large Group Standard Pla	ns 51+			•					
□ PPO	☐ Blue Choice Options	S <sup>SM</sup>	□BlueE	dge Select I	HSA™		Group #: _		
☐ Blue Advantage HMO <sup>sM</sup>	☐ Blue Choice Select		☐ Plan #	(required)_			Section #:		
EDDING ASSOCIATION OF STATE OF									
☐ Blue Advantage HMO Value Choice <sup>sM</sup>	□ BlueEdge HSA <sup>SM</sup>		□ Other				Identificati	on #:	
☐ Blue Advantage HIMO Value Choice <sup>SM</sup>		Group C					Identificati	on #:	
	Large		Custom Plai	ns (151+ Em					
☐ Traditional	Large □ B	lue Adva	Custom Plan	ns (151+ Em			□ BlueEdg	e Select HSA <sup>sM</sup>	
☐ Traditional ☐ PPO	Large □ B □ B	lue Advai lue Choic	Custom Plan ntage HMC ce Options <sup>s1</sup>	ns (151+ Em			□ BlueEdg		
☐ Traditional ☐ PPO ☐ CPO	Large	lue Advai lue Choic lue Choic	Custom Plan ntage HMC ce Options <sup>sh</sup> ce Select Pf	ns (151+ Em			☐ BlueEdg ☐ BlueEdg ☐ Vision	e Select HSA <sup>sm</sup> e Select HCA Direct <sup>sm</sup>	
☐ Traditional ☐ PPO	Large	lue Advai lue Choic	Custom Plaintage HMC ce Options <sup>si</sup> ce Select PF HCA <sup>SM</sup>	ns (151+ Em			☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup>	
☐ Traditional ☐ PPO ☐ CPO ☐ CPO Value Choice	Large	lue Advar lue Choic lue Choic lueEdge lueEdge	Custom Plaintage HMC ce Options <sup>si</sup> ce Select PF HCA <sup>SM</sup>	ns (151+ Em			☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing ☐ Medicar	e Select HSA <sup>sM</sup> le Select HCA Direct <sup>sM</sup> e Supplement	
☐ Traditional ☐ PPO ☐ CPO ☐ CPO Value Choice ☐ HMO Illinois®	Large	lue Advar lue Choic lue Choic lueEdge lueEdge lueEdge	Custom Plan ntage HMC ce Options <sup>SN</sup> ce Select PF HCA <sup>SM</sup> HSA <sup>SM</sup>	ns (151+ Em			☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing ☐ Medicar	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup>	
☐ Traditional ☐ PPO ☐ CPO ☐ CPO Value Choice ☐ HMO Illinois® ☐ HMO Illinois® W/HCA	Large	lue Advar lue Choic lue Choic lueEdge lueEdge lueEdge	ntage HMC ce Options <sup>SN</sup> ce Select PF HCA <sup>SM</sup> HSA <sup>SM</sup> HCA Direct	ns (151+ Em			☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing ☐ Medicar	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement	
☐ Traditional ☐ PPO ☐ CPO ☐ CPO Value Choice ☐ HMO Illinois® ☐ HMO Illinois® w/HCA ☐ Blue Advantage HMO <sup>SM</sup>	Large	lue Advar lue Choic lue Choic lueEdge lueEdge lueEdge lueEdge	ntage HMC ce Options <sup>SI</sup> ce Select PF HCA <sup>SM</sup> HSA <sup>SM</sup> HCA Direct Select HCA  Denta	ns (151+ Em	nployees)		☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing ☐ Medicar ☐ Other _	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement	
☐ Traditional ☐ PPO ☐ CPO ☐ CPO Value Choice ☐ HMO Illinois® ☐ HMO Illinois® w/HCA ☐ Blue Advantage HMO <sup>SM</sup> ☐ BlueCare Dental PPO <sup>SM</sup>	Large   B   B   B   B   B   B   B   B   B	lue Advai lue Choic lue Choic lueEdge lueEdge lueEdge lueEdge	Custom Plan ntage HMC ce Options <sup>58</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party t	ns (151+ Em			☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing ☐ Medicar ☐ Other _	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement	
☐ Traditional ☐ PPO ☐ CPO ☐ CPO Value Choice ☐ HMO Illinois® ☐ HMO Illinois® w/HCA ☐ Blue Advantage HMO <sup>SM</sup>	Large	lue Advar lue Choic lue Choic lueEdge lueEdge lueEdge lueEdge	Custom Plan ntage HMC ce Options <sup>58</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party t	ns (151+ Em	nployees)		☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing ☐ Medicar ☐ Other ☐ Individua	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement  al/Employee ee/Children	
☐ Traditional ☐ PPO ☐ CPO ☐ CPO Value Choice ☐ HMO Illinois® W/HCA ☐ Blue Advantage HMO <sup>SM</sup> ☐ BlueCare Dental PPO <sup>SM</sup> ☐ BlueCare Dental HMO <sup>SM</sup>	Large	lue Advai lue Choic lue Choic lueEdge lueEdge lueEdge lueEdge	Custom Plan ntage HMC ce Options <sup>58</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party t	ns (151+ Em	nployees)		☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing ☐ Medicar ☐ Other _	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement  al/Employee ee/Children	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® W/HCA □ Blue Advantage HMO <sup>SM</sup> □ BlueCare Dental PPO <sup>SM</sup> □ BlueCare Dental HMO <sup>SM</sup> □ Dental Group # (if different than Medical	Large	lue Advai lue Choic lue Choic lueEdge lueEdge lueEdge lueEdge	Custom Plan ntage HMC ce Options <sup>58</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party t	ns (151+ Em	nployees)		☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing ☐ Medicar ☐ Other ☐	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement  al/Employee ee/Children	
☐ Traditional ☐ PPO ☐ CPO ☐ CPO Value Choice ☐ HMO Illinois® W/HCA ☐ Blue Advantage HMOSM ☐ BlueCare Dental PPOSM ☐ BlueCare Dental HMOSM ☐ Dental Group # (if different than Medicate) ☐ Primary Language:	Large  B B B B B B C B C G G G G G G G G G G	lue Advalue Choic lue Choic lue Choic lueEdge lueEdge lueEdge lueEdge lueEdge lueEdge	Custom Plai ntage HMC ce Options <sup>SI</sup> ce Select PF HCA <sup>SM</sup> HSA <sup>SM</sup> HCA Direct Select HCA  Denta and Party to	ns (151+ Em	ion or Domestic	Partner	☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing ☐ Medicar ☐ Other ☐	e Select HSA <sup>SM</sup> e Select HCA Direct <sup>SM</sup> e Supplement  al/Employee se/Children se/Spouse	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® W/HCA □ Blue Advantage HMO <sup>SM</sup> □ BlueCare Dental PPO <sup>SM</sup> □ BlueCare Dental HMO <sup>SM</sup> □ Dental Group # (if different than Medicaller) □ Primary Language: □ Group Term Life, Accidental Deatle	Large  B B B B B B G B G G G al Group policy #)	lue Advalue Choice lue Choice lue Choice lue Edge lue Interest lue Int	custom Plai ntage HMC ce Options <sup>51</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party to 1 Male	ns (151+ Em	ion or Domestic	Partner	☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing ☐ Medicar ☐ Other ☐	e Select HSA <sup>SM</sup> e Select HCA Direct <sup>SM</sup> e Supplement  al/Employee se/Children se/Spouse	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® W/HCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medically Primary Language: □ Group Term Life, Accidental Deatlus I am not applying for Group Term Life	Large  B B B B B B G B G G G al Group policy #)	lue Advalue Choice lue Choice lue Choice lue Edge lue Edg	custom Plai ntage HMC ce Options <sup>51</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party to 1 Male	ns (151+ Em	on or Domestic	Partner gh Dear	BlueEdg BlueEdg Vision Hearing Medicar Other Individua Employe Family	e Select HSA <sup>SM</sup> e Select HCA Direct <sup>SM</sup> e Supplement  al/Employee ee/Children ee/Spouse	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® W/HCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medically Primary Language: □ Group Term Life, Accidental Deatlus I am not applying for Group Term Life Employee Occupation/Job Title:	Large  B B B B B B G B G G G al Group policy #)	lue Advalue Choice lue Choice lue Choice lue Edge lue Edg	Custom Plai ntage HMC ce Options <sup>51</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party to 1 Male	ns (151+ Em	on or Domestic	Partner gh Dear	☐ BlueEdg ☐ BlueEdg ☐ Vision ☐ Hearing ☐ Medicar ☐ Other ☐	e Select HSA <sup>SM</sup> e Select HCA Direct <sup>SM</sup> e Supplement  al/Employee ee/Children ee/Spouse	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® W/HCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medically Primary Language: □ Group Term Life, Accidental Deatlus I am not applying for Group Term Life	Large  B B B B B B G B G G G al Group policy #)	lue Advalue Choice Choi	custom Plai ntage HMC ce Options <sup>51</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party to 1 Male	ns (151+ Em	on or Domestic	Partner gh Dear	BlueEdg BlueEdg Vision Hearing Medicar Other Individua Employe Family	e Select HSA <sup>SM</sup> e Select HCA Direct <sup>SM</sup> e Supplement  al/Employee ee/Children ee/Spouse	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® W/HCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medically Primary Language: □ Group Term Life, Accidental Deatlus I am not applying for Group Term Life Employee Occupation/Job Title:	Large  B B B B B B B B B G B G G A B B C B B B B B B B B B B B B B B B B	lue Advalue Choice Choi	Custom Plai ntage HMC ce Options <sup>51</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party to Male  &D) and D coverage Rate \$	ns (151+ Em	on or Domestic  surance throu	Partner gh Dear	BlueEdg BlueEdg Vision Hearing Medicar Other Individua Employe Family	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement  al/Employee ee/Children ee/Spouse	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® w/HCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medical Primary Language: □ Group Term Life, Accidental Deatl □ I am not applying for Group Term Life Employee Occupation/Job Title: □ Group Basic Term Life and AD&D □ Group Dependents' Life	Large  B B B B B B B B B B B B B C B B C B B C B B C B B C B B B C B B C B B C	lue Advalue Choice lue Choice lue Choice lue Choice lue Edge lue E	Custom Plai ntage HMC ce Options <sup>51</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party to Male  &D) and D coverage Rate \$_ do apply do apply	ns (151+ Em	on or Domestic  surance throu	Partner gh Dear	BlueEdg BlueEdg Vision Hearing Medicar Other Individua Employe Family	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement  al/Employee ee/Children ee/Spouse	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® w/HCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medical Primary Language: □ Group Term Life, Accidental Deatl I am not applying for Group Term Life Employee Occupation/Job Title: □ Group Basic Term Life and AD&D □ Group Dependents' Life □ Group Supplemental Life	Large  B B B B B B B B B B B B B B C B	lue Advalue Choice lue Choice lue Edge	custom Plai ntage HMC ce Options <sup>51</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party to Male  &D) and D coverage Rate \$ do apply	ns (151+ Em	on or Domestic  surance throu	Partner gh Dear	□ BlueEdg □ BlueEdg □ Vision □ Hearing □ Medicar □ Other □ □ Individua □ Employa □ Employa □ Family  born Natio	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement  al/Employee ee/Children ee/Spouse  onal <sup>®</sup> ^	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® w/HCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medica □ Primary Language: □ Group Term Life, Accidental Deatl □ I am not applying for Group Term Life Employee Occupation/Job Title: □ Group Basic Term Life and AD&D □ Group Dependents' Life □ Group Supplemental Life □ Employee Election: \$	Large  B B B B B B B B B B B B B B C B	lue Advalue Choice lue Choice lue Edge	Custom Plai ntage HMC ce Options <sup>51</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party to 1 Male  &D) and D coverage Rate \$ do apply do apply	ns (151+ Em	on or Domestic  surance throu	Partner gh Dear	BlueEdg BlueEdg Vision Hearing Medicar Other Individua Employe Family	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement  al/Employee ee/Children ee/Spouse  onal <sup>®</sup> ^	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® w/HCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medica □ Primary Language: □ Group Term Life, Accidental Deatl □ I am not applying for Group Term Life Employee Occupation/Job Title: □ Group Basic Term Life and AD&D □ Group Dependents' Life □ Group Supplemental Life □ Employee Election: \$ □ Short-Term Disability	Large  B B B B B B B B B B B B B C B B C B B C B B C B B C B B B C B	lue Advalue Choice lue Choice lue Edge	Custom Plai ntage HMC ce Options <sup>51</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party to Male  &D) and D coverage Rate \$_ do apply do apply	ns (151+ Em	on or Domestic  surance throu	Partner gh Dear	□ BlueEdg □ BlueEdg □ Vision □ Hearing □ Medicar □ Other □ □ Individua □ Employa □ Employa □ Family  born Natio	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement  al/Employee ee/Children ee/Spouse  onal <sup>®</sup> ^	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® w/HCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medica □ Primary Language: □ Group Term Life, Accidental Deatl □ I am not applying for Group Term Life Employee Occupation/Job Title: □ Group Basic Term Life and AD&D □ Group Dependents' Life □ Group Supplemental Life □ Employee Election: \$	Large  B B B B B B B B B B B B B B C B	lue Advailue Choice lue Choice lue Choice lue Edge lue Edge lue Edge lue Edge mployee iender:  wage lue I le lu	Custom Plai ntage HMC ce Options <sup>51</sup> ce Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA  Denta and Party to 1 Male  &D) and D coverage Rate \$ do apply do apply	ns (151+ Em	on or Domestic surance throu	Partner gh Dear	□ BlueEdg □ BlueEdg □ Vision □ Hearing □ Medicar □ Other □ □ Individua □ Employa □ Employa □ Family  born Natio	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement  al/Employee ee/Children ee/Spouse  onal <sup>®</sup> ^	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® w/HCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medica □ Primary Language: □ Group Term Life, Accidental Deatl □ I am not applying for Group Term Life Employee Occupation/Job Title: □ Group Basic Term Life and AD&D □ Group Dependents' Life □ Group Supplemental Life □ Employee Election: \$ □ Short-Term Disability	Large  B B B B B B B B B B B B B B B B B B	lue Advailue Choice lue Choice lue Choice lue Edge lue Edge lue Edge lue Edge mployee iender:  Wage	Custom Plai ntage HMC ce Options <sup>81</sup> ce Select PF HCA <sup>8M</sup> HSA <sup>8M</sup> HCA Direct Select HCA  Denta and Party to the select HCA  L'A MAIL  L'	ns (151+ Em	on or Domestic surance throu	Partner gh Dear ur □ wee	□ BlueEdg □ BlueEdg □ Vision □ Hearing □ Medicar □ Other □ □ Individua □ Employa □ Employa □ Family  born Natio	e Select HSA <sup>SM</sup> e Select HCA Direct <sup>SM</sup> e Supplement  e Supplement  al/Employee ee/Children ee/Spouse  onal®^  n □ year  \$	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® WHCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medica □ Primary Language: □ Group Term Life, Accidental Deatl □ I am not applying for Group Term Life Employee Occupation/Job Title: □ Group Basic Term Life and AD&D □ Group Dependents' Life □ Group Supplemental Life □ Employee Election: \$ □ Short-Term Disability □ Long-Term Disability	Large  B B B B B B B B B B B B B B B B B B	lue Advailue Choice lue Choice lue Choice lue Edge lue Edge lue Edge lue Edge mployee iender:  Wage	Custom Plai ntage HMC De Options <sup>51</sup> De Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA Denta and Party to the select Amount of the select Denta and Party to the select Denta and Denta a	ns (151+ Em	ion or Domestic surance throu per  hot	Partner gh Dear ur □ wee	□ BlueEdg □ BlueEdg □ Vision □ Hearing □ Medicar □ Other □ □ Individua □ Employa □ Employa □ Family  born Natio	e Select HSA <sup>sM</sup> e Select HCA Direct <sup>sM</sup> e Supplement  e Supplement  al/Employee ee/Children ee/Spouse  onal®^  n □ year	
□ Traditional □ PPO □ CPO □ CPO Value Choice □ HMO Illinois® w/HCA □ Blue Advantage HMOSM □ BlueCare Dental PPOSM □ BlueCare Dental HMOSM □ Dental Group # (if different than Medica) □ Primary Language: □ Group Term Life, Accidental Deatl □ I am not applying for Group Term Life Employee Occupation/Job Title: □ Group Basic Term Life and AD&D □ Group Dependents' Life □ Group Supplemental Life □ Employee Election: □ Short-Term Disability □ Long-Term Disability □ Primary □ First Name	Large  B B B B B B B B B B B B B B B B B B	lue Advalue Choice lue Choice lue Edge	Custom Plai ntage HMC De Options <sup>51</sup> De Select PF HCA <sup>5M</sup> HSA <sup>5M</sup> HCA Direct Select HCA Denta and Party to the select Amount of the select Denta and Party to the select Denta and Denta a	ns (151+ Em	ion or Domestic surance throu per  hot	Partner  gh Dear  ur   wee	□ BlueEdg □ BlueEdg □ Vision □ Hearing □ Medicar □ Other □ □ Individua □ Employa □ Employa □ Family  born Natio	e Select HSA <sup>SM</sup> e Select HCA Direct <sup>SM</sup> e Supplement  al/Employee se/Children se/Spouse  onal <sup>®</sup> ^   year   Social Security #  — —	

As used on the application (unless indicated otherwise): These terms may be used in a different way in other documents.

\* The term "marriage" includes legal dwice establishment of a civil union or domestic partnership (coverage subject to your employer's plan).

\*\* The term "divorce" includes legal dwice and the comparable termination of a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "spouse" includes a legal spouse and party to a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "spouse" includes a legal spouse and party to a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "spouse" includes a legal spouse and party to a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "spouse" includes legal dwice and party to a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "spouse" includes legal spouse and party to a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "spouse" includes legal spouse and party to a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "spouse" includes legal spouse and party to a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "spouse" includes legal spouse and party to a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "dovore" includes legal spouse and party to a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "dovore" includes legal spouse and party to a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "dovore" includes legal spouse and the termination of a civil union or domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "dovore" includes legal spouse and the termination of 20005.0817

Last Name:		S	Social Security #:		_		_		Gro	oup#	
	- COVERAGE OPT	(If you employ	SE COMPLETE Al are adding an eli yer's plan, compl n to this applicat	gible milit etion of a	THAT ary per Defen	APPLY rsonnel d se Depar			o is over the 214 (DD 214)	age lin is requ	nit of your uired in
Employee/Enrolle	e's Name		PCP Name				IPA IPA	IPA Name			
WPHCP Name		New Patient?	HMO OB/GYN Na	me (optiona	1)		_	<i>,,</i> Э ОВ/(	GYN#		
WPHCP#		□Y□N	December 1/2 DCD	Maria							N D-+i+2
Dependent's Nam □ Husband □ Wife □ Domestic Partner [	e ⊒ Party to a Civil Union		Dependent's PCP	ivarne			PCP	#			New Patient? ☐ Y ☐ N
IPA Name			WPHCP Name						SYN Name (opti	onal)	•
IPA # Dependent's Soci	ial Coourity #	Dist. Data M.M. ADDAAAAA	WPHCP # Home Address (if	different) St	reet/Cit	v/State/7IF		O OB/0	SYN #		
– Dependent's Soci	–	Birth Date (MM/DD/YYYY)	Tiorne Address (iii	ullierent, o	166t/Cit	y/State/ZII	code				
Dependent's Nam	ne r □ Other Eligible Deper	ndent	Dependent's PCP	Name			PCP	#			New Patient? □ Y □ N
	YYYY) Home Address (if o		te/ZIP code	Is this depended				child o	r child in suit for adop	otion, are y	nild, foster child, adopted ou (or your spouse)
Dependent's Soci	ial Security #		IPA Name	□Y □N			HM0		sible for this depender SYN Name (option		
. –	- '		IPA #				HM	OB/O	SYN#		
Dependent's Nam  ☐ Son ☐ Daughter	ne r 🗆 Other Eligible Deper	ndent	Dependent's PCP	Name			PCP	#			New Patient? □ Y □ N
Birth Date (MM/DD/	YYYY) Home Address (if o	different) Street/City/Sta	te/ZIP code	Is this dependenchild, adopted of N				child c	rour eligible natural cherchild in suit for adoptions in the sound in the control of the control	otion, are y	
Dependent's Soci	Dependent's Social Security #							HMO OB/GYN Name (optional) HMO OB/GYN #			
Dependent's Nam	ne		Dependent's PCP	Name			PCP	#			New Patient?
	r ☐ Other Eligible Deper							1			□Y□N
Birth Date (MM/DD/	YYYY) Home Address (if o	different) Street/City/Sta	te/ZIP code	Is this dependence child, adopted of P N				child o	r child in suit for adop	otion, are y	
Dependent's Soci	al Security #		IPA Name IPA #						sible for this depend SYN Name (opti SYN #		LI IN
SECTION 5 —	DISABLED DEPEND	DENT PLEA	L ASE COMPLETE I	F APPLIC	ARIF						
Name of Disabled		122/	10E 001VIII EETE 1	Nature of		lity					
Name of Disabled	I Dependent		Nature of Disability								
If disabled child is ove	r the dependent age limit of	vour employer's plan plea	ase attach a completed	Disabled Dene	endent Cr	ertification an	d the Disah	oled Der	endent Physician (	`ertificatio	n document
									oridorit i riyololari c	JOI UIIOGUC	ar accument.
Complete this sec application becom	OTHER COVERAGE ction only if you or any nes effective. <b>List nam</b>	of your dependents less of each individua	have other health an all covered:	-	l covera	ge <b>that w</b>	vill not b	e cano			ge under this
Group Coverage  ☐ Yes ☐ No	Individual Coverage	Name and Address of	of Other Insurance	Carrier	Effect	ive Date (N	/IM/DD/YYY	()	Type of Polic ☐ Employee C ☐ Employee/C	nly [	☐ Employee/Spouse ☐ Family
Name of Policyho	lder		Birth Da	te (MM/DD/YY	YY)	□Ma			nship to Applica		
Employer's Name		Employment Date	e (MM/DD/YYYY) Health	h Croup #	<del></del>	☐ Fen Health ID #		_	☐ Spouse ☐ I ental Group #		ent ntal ID #
. ,									intal Group #		illai ID #
SECTION / — Name of person c	MEDICARE COVER		ON PLEAS (Hospital) Effective	SE COMP		_				Medi	care HIC #
Name of person c	overeu.		(Medical) Effective								Medicare Card)
			(Drug) Effective Dat	te:		E					
Please indicate re	ason for Medicare Elig		(Drug) Carrier: age	ability 🗆 E	nd-Star	ge Renal D	Disease	☐ Disa	ability and Curre	I ent Rena	al Disease
Name of person c		Medicare A	(Hospital) Effective	Date:		E	nd Date:			Medi	care HIC #
		Medicare B	(Medical) Effective	Date:		E				(From	Medicare Card)
			(Drug) Effective Date (Drug) Carrier:	te:		E	nd Date:				
Please indicate re	ason for Medicare Elig		Age	ability □ F	nd-Star	ne Renal D	)isease	□ Disa	ability and Curre	I ent Rena	al Disease
		-,- = = = = = = = = = = = = = = = = = =	J	, 🗀 🗀		,			, carre		

2005.0817



FIF YOU ARE DECLINING COVERAGE							
o apply for the coverage offered to me and my eligible dependents and have voluntarily derstand there may be a delay in the effective date of the coverage.							
ge – Carrier: Medicare Medicaid							
Other (explain)							
ot want this coverage							
rage ☐ Medicaid ☐ Individual Dental Coverage							
$\square$ I am not enrolled in any dental insurance plan, but do not want this coverage							
☐ Medicare ☐ Medicaid ☐ Other Individual Health Coverage							
I am not enrolled in any health insurance plan, but do not want this coverage							
☐ Medicare ☐ Medicaid ☐ Other Individual Health Coverage							
I am not enrolled in any health insurance plan, but do not want this coverage							
☐ Medicare ☐ Medicaid ☐ Other Individual Health Coverage							
☐ I am not enrolled in any health insurance plan, but do not want this coverage							
<ul> <li>I am an employee or a retiree of the employer named in this enrollment application. I am eligible to participate in the coverage(s) afforded by my employer's plan, which is either underwritten or administered by Blue Cross and Blue Shield of Illinois or Dearborn National<sup>®</sup> Life Insurance Company. On behalf of myself and any dependents listed on this enrollment application, I apply for those coverage(s) for which I am eligible. I state that the information given on this enrollment application is true and correct. I understand and agree that any intentional misrepresentation of a material fact made by me will invalidate my coverage(s).</li> <li>Only those coverage(s) and amounts for which I am eligible will be available to me. I understand that if this enrollment application is accepted, the coverage(s) will become effective in accordance with the provisions of the Contract(s)/Plan(s).</li> <li>I agree that my employer acts as my agent. I authorize necessary payroll deduction by my employer, if any, to cover the cost of my coverage(s).</li> </ul>							
• I understand that my participation in the coverage(s) is subject to any future amendment. I also understand that all notices given to my employer are applicable to me.  ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.							
Date							
at want this coverage  rage  Medicaid  Individual Dental Coverage   I am not enrolled in any dental insurance plan, but do not want this coverage   Medicare  Medicaid  Other Individual Health Coverage   I am not enrolled in any health insurance plan, but do not want this coverage   Medicare  Medicaid  Other Individual Health Coverage   I am not enrolled in any health insurance plan, but do not want this coverage   I am not enrolled in any health insurance plan, but do not want this coverage   I am not enrolled in any health insurance plan, but do not want this coverage   I am not enrolled in any health insurance plan, but do not want this coverage   Is am not enrolled in any health insurance plan, but do not want this coverage   Is also afforded by my employer's plan, which is either underwritten or administered by Blue Cross and enrollment application, I apply for those coverage(s) for which I am eligible. I state that the information give fact made by me will invalidate my coverage(s), atton is accepted, the coverage(s) will become effective in accordance with the provisions of the   of my coverage(s).   Insurance In							

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
Products and services marketed under the Dearborn National\* brand and the star logo are underwritten and/or provided by Dearborn National\* Life Insurance Company (Downers Grove, Illinois) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guarn and Puerto Rico. Dearborn National\* Life Insurance Company does not provide Blue Cross and Blue Shield of Illinois products and services, and is a separate company.

2005.0817

www.bcbsil.com



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 Date of Birth [MM/DD/YYYY] ○ Female Patient ID Number (Located on card) Email Address (To receive information regarding the processing of your order) Group Number (Located on card) Suffix (If on card) BIN (Located on card) PCN (Located on card) Text Msg\* ○Yes ○No Last Name First Name Cell Phone Permanent Address Line 1 Work Phone Permanent Address Line 2 Home Phone Government ID (Most states require ID for controlled Rx substances by law) $^{\dagger}$ State ZIP Code City Prescriber Last Name Prescriber First Initial Prescriber Phone Prescriber Fax **PATIENT Payment Options Alleraies Health Conditions Order Preference** \*\*Please do not send cash\*\* We accept checks and credit cards. Arthritis O Large-print vial labels Aspirin O Spanish vial labels Cephalosporin ○ Asthma Checks should be made payable to Walgreens Mail Service O Codeine derivatives Diabetes Walgreens accepts Visa, MasterCard, Discover and American Express. O Morphine derivatives ○ Glaucoma Penicillin ○ Heart disease Please visit www.Walgreens.com/PrimeMail to pay by credit card. O Sulfa drugs Hypertension Pregnancy O None known You will need to create an account: Go to Settings & Payment then Payment Methods to enter a credit card number. Other (Use lines below) Thyroid disease None known You can also call our Customer Care Center for assistance at 877-357-7463. Other (Use lines at right)

<sup>\*</sup>Standard text message and data rates may apply.

<sup>†</sup>Driver's license, state ID number, social security number, military ID or passport ID.

- 11			Ш	Ш
- II	Ш	Ш	Ш	Ш
- 11		Ш	Ш	Ш
- II	Ш	Ш	Ш	Ш
	•••••		 	

DEPENDENT INFORMA	TION	Date of Birth [MM/DD	/үүүү] / / / / / / / / / / / / / / / / /		For separate shipping, p Customer Care Center toll	
Dependent Last Name		Depende	ent First Name			
Suffix (If on card) Email	address (To receive information	regarding the processing of y	rour order)			
Prescriber Last Name		Prescrib	per First Initial Prescriber	Phone — — — — — — — — — — — — — — — — — — —	Prescriber Fax	
			DEPENDENT			
Allei	rgies		<b>Health Conditions</b>		Order Prefere	ence
	<ul> <li>○ Penicillin</li> <li>○ Sulfa drugs</li> <li>○ None known</li> <li>○ Other (Use lines below)</li> </ul> —If including a prescription or			○ None known ○ Other (Use lines below)		) Spanish vial labels
Please allow 10 business days f Generic equivalents are usually I each drug. If allowed by your pre By submitting this form, you hav Total number of prescriptions in	ess expensive than brand name scriber, we will dispense a gene e authorized release of all infor	drugs. If we dispense a brand ric equivalent unless you chec nation to Walgreens (and othe	name drug, you may be respons ck this box.	ible for a higher copayment an t a generic equivalent.	nd/or the difference between the brar	nd and generic price of
Total included for copay(s)			P		date of birth on all prescriptions;	
<ul> <li>Standard Shipping</li> <li>Next Business Day (\$19.95 †)</li> <li>2nd Business Day (\$12.95 †)</li> </ul>		NO CHAR	GE 	Walgreen P.O. E	nis completed form and mail to: s Mail Service Box 29061 AZ 85038-9061	

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





January 01, 2019.

To Whom It May Concern:
Please be aware that J.B. Sullivan is currently covered for Medical, Rx & Dental coverage with Blue Cross & Blue Shield of Illinois effective January 1, 2019.  Group Number: & Account Number #
For verification of coverage, once the group is active, please call our customer service center at: 1-800-541-2767 and provide the name of the group, effective date of coverage, member's name, date of birth and group number or account number & Member ID#. The Alpha Prefix for the ID numbers is XOF
<b>Pharmacists:</b> If you are having an issue filling a prescription, please call the pharmacy help line at: 1-800-541-2767 and follow prompts for pharmacy. Please also review the information below to fill an Rx.
-Benefits include Prior Auth/Step Therapy/Specialty Rx. Also, member Pay the Difference applies (Copay plus difference in cost between Generic and Brand if generic is available and brand is purchased).
Preferred Pharmacy's include: Wal-Mart, Walgreens, Albertsons's/Jewel Osco, and a select few individually contracted pharmacy's in rural areas. Also, CVS/Target pharmacy stores is NOT in our pharmacy network and full payment will be required up front from the member for any prescription filled at CVS with paper claim filing for review for reimbursement.

Member ID# Account #\_ IL Rx Bin Number: 011552

RxPCN: ILDR

In the event you have additional questions that were not answered by contacting the above numbers please reach out to your Broker for the group at the contact information below. Thank you for your patience during this transition.

Sincerely,

BC&BSII. Rockford Sales & Account Management office. & Cottingham & Butler, Dubuque, IA