



SUMMARY OF BENEFITS FOR 2024

1-877-723-7702 (TTY: 711)

We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit www.bcbsil.com/mmai.

Blue Cross Community MMAI: Summary of Benefits 2024

Introduction

This document is a brief summary of the benefits and services covered by Blue Cross Community MMAI. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Blue Cross Community MMAI. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



This is a summary of health services covered by Blue Cross Community MMAI for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Members can access the 2023 Member Handbook online at www.bcbsil.com/mmai or can request one by mail by calling 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

- ❖ Under Blue Cross Community MMAI you can get your Medicare and Medicaid services in one health plan. A Blue Cross Community MMAI care coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Blue Cross Community MMAI *Member Handbook*.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- ❖ ATENCIÓN: Si habla español, los servicios de asistencia lingüística están a su disposición sin costo alguno para usted. Llame al 1-877-723-7702 (TTY: 7-1-1). Estamos a su disposición los siete (7) días de la semana. Nuestra central telefónica está abierta de lunes a viernes de 8:00 a. m. a 8:00 p. m., hora del centro. Para los fines de semana y días feriados federales, está disponible el servicio de mensajes de voz. Si deja un mensaje de voz, un representante de Atención al Asegurado le devolverá la llamada antes del próximo día laborable. La llamada es gratuita.
- ❖ This document is available for free in other languages and formats like large print, braille, or audio. Call -877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative



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will return your call no later than the next business day. The call is free. Once requested, Member Services will always send you materials in your chosen language and/or format (such as large print, braille, or audio) until you request to have it changed. This service is free.

- ❖ Blue Cross Community MMAI (Medicare-Medicaid Plan) is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Blue Cross Community MMAI to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Blue Cross Community MMAI care coordinator?	A Blue Cross Community MMAI care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.



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What are long-term services and supports?	Long-term services and supports are services provided through a Long-Term Care Facility or through a Home and Community-Based Waiver. Enrollees have the option to get long-term services and supports (LTSS) in the least restrictive setting when appropriate, with a preference for the home and the community, and in accordance with the Enrollee's wishes and Care Plan.
Will I get the same Medicare and Medicaid benefits in Blue Cross Community MMAI that I get now?	<p>You will get your covered Medicare and Medicaid benefits directly from Blue Cross Community MMAI. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change.</p> <p>When you enroll in Blue Cross Community MMAI, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. During this time, you can keep using your doctors and getting your current services for 90 days, or until your care plan is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs that Blue Cross Community MMAI does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Blue Cross Community MMAI to cover your drug, if medically necessary.</p>



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Can I use the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Blue Cross Community MMAI and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in Blue Cross Community MMAI's network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Blue Cross Community MMAI's plan. <p>To find out if your doctors are in the plan's network, call Member Services or read Blue Cross Community MMAI's <i>Provider and Pharmacy Directory</i> on the plan's website at www.bcbsil.com/mmai/member-resources/forms.</p> <p>If Blue Cross Community MMAI is new for you, you can continue using the doctors you use now for up to 180 days from the start of your enrollment. We will work with your doctor to be part of our in-network providers or find you alternative care as part of your care plan.</p>
What happens if I need a service but no one in Blue Cross Community MMAI's network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Blue Cross Community MMAI will pay for the cost of an out-of-network provider.</p>



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Where is Blue Cross Community MMAI available?	Blue Cross Community MMAI (Medicare-Medicaid Plan) plans available in all counties in Illinois.
Do I pay a monthly amount (also called a premium) under Blue Cross Community MMAI?	You will not pay any monthly premiums to Blue Cross Community MMAI for your health coverage.
What is prior authorization (PA)?	<p>PA means that you must get approval from Blue Cross Community MMAI before you can get a specific service or drug or use an out-of-network provider. Blue Cross Community MMAI may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>



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Frequently Asked Questions (FAQ)	Answers
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Blue Cross Community MMAI may not cover the services. You don't need a referral to use certain specialists, such as women health specialists.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about when you will need a referral from your PCP.</p>
Do I pay a deductible?	No. You do not pay deductibles in Blue Cross Community MMAI.
Do I have a coverage gap for drugs?	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.



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Frequently Asked Questions (FAQ)	Answers
<p>Who should I contact if I have questions or need help? (continued on the next page)</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Blue Cross Community MMAI Member Services:</p> <p>CALL 1-877-723-7702</p> <p>Calls to this number are free. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Who should I contact if I have questions or need help? (continued from previous page)</p>	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-877-213-2568</p> <p>Calls to this number are free. The Nurse Advice Call line is available 24 hours a day, 7 days a week.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free and available 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-800-345-9049</p> <p>Calls to this number are free. Our Behavioral Health Crisis Line is available 24 hours a day, 7 days a week.</p> <p>TTY 1-866-794-0374</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p>



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Frequently Asked Questions (FAQ)	Answers
	Calls to this number are free. Our Behavioral Health Crisis Line is available 24 hours a day, 7 days a week.

C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	PA is not required for services provided by in-network providers.
	Wellness visits, such as a physical	\$0	PA is not required for services provided by in-network providers.
	Transportation to a doctor's office	\$0	PA rules may apply. The plan will also cover rides to plan approved health-related locations.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Specialist care	\$0	PA is not required for services provided by in-network providers.
	Care to keep you from getting sick, such as flu shots	0% Coinsurance	PA is not required for services provided by in-network providers.
	“Welcome to Medicare” preventive visit (one time only)	\$0	PA is not required for services provided by in-network providers.
You need medical tests	Lab tests, such as blood work	\$0	PA rules may apply. You must use in-network providers.
	X-rays or other pictures, such as CAT scans	\$0	PA rules may apply. You must use in-network providers.
	Screening tests, such as tests to check for cancer	\$0	PA is not required for services provided by in-network providers.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 for a 30-day or 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Blue Cross Community MMAI's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Formulary)</i>. Our plan covers most Part D vaccines at no cost to you</p> <p>The plan may require you to:</p>



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			<ul style="list-style-type: none">• Use the generic version of a drug instead of the brand name drug.• Get plan approval before we will agree to cover the drug for you (This is sometimes called “prior authorization.”)• Try a different drug first before we will agree to cover the drug you are asking for (This is sometimes called “step therapy.”)• Get approval for the amount of the drug you can have (This is sometimes called “Quantity Limits.”)• Ask to remove a restriction on coverage for a drug (This is sometimes called asking for a “Formulary Exception.”) <p>Most drugs that you take on a regular basis are available through retail or mail-order services for a 90-day supply. Your \$0 co-pay for a 90-day supply is the same as a 30-day supply.</p>
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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>Important Message About What You Pay for Vaccines Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.</p>
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>\$0 for a 30-day or 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Blue Cross Community MMAI's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>The plan may require you to:</p>



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			<ul style="list-style-type: none">• Use the generic version of a drug instead of the brand name drug.• Get plan approval before we will agree to cover the drug for you (This is sometimes called “prior authorization.”)• Try a different drug first before we will agree to cover the drug you are asking for (This is sometimes called “step therapy.”)• Get approval for the amount of the drug you can have (This is sometimes called “Quantity Limits.”)• Ask to remove a restriction on coverage for a drug (This is sometimes called asking for a “Formulary Exception.”) <p>Most drugs that you take on a regular basis are available through retail or mail-order services for a 90-day supply. Your \$0 co-pay for a 90-day supply is the same as a 30-day supply.</p>
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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Over-the-counter drugs	\$0 for a 30-day or 90-day supply.	There may be limitations on the types of drugs covered. Please refer to Blue Cross Community MMAI's <i>List of Covered Drugs</i> (Drug List) for more information. The plan covers some OTC drugs when they are written as prescriptions by your provider.
You need drugs to treat your illness or condition (continued)	Medicare Part B prescription drugs	0% Coinsurance	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	PA rules may apply.



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			<p>The plan covers occupational, physical, and speech therapy if you qualify. These therapies focus on long term habilitative needs rather than short term acute restorative needs.</p> <p>All therapy services must be medically necessary to be covered.</p> <p>You must use in-network providers.</p>
<p>You need emergency care</p>	<p>Emergency room services</p>	<p>\$0</p>	<p>You may get covered emergency care anywhere in the United States or its territories. Emergency care outside the U.S and its territories is not covered except in certain situations. See <i>Member Handbook</i> for more details.</p>



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	Ambulance services	\$0	<p>Covered ambulance services include fixed-wing, rotary-wing, and ground ambulance services. The ambulance will take you to the nearest place that can give you care.</p> <p>Your condition must be serious enough that other ways of getting to a place of care could risk your life or health. Ambulance services for other cases must be approved by the plan.</p> <p>In cases that are not emergencies, the plan may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health.</p>
	Urgent care	\$0	Urgent care is not covered outside of the United States and its territories.



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			If you require urgently needed care, you should first try to get it from a network provider or call our 24/7 Nurse Advice or Behavioral Health Crisis Line. However, you can use out-of-network providers when you cannot get to a network provider.
You need hospital care	Hospital stay	\$0	PA rules may apply; except in an emergency. Your doctor must tell the health plan that you are going to be admitted to the hospital. You must use in-network hospitals when not an emergency.
	Doctor or surgeon care	\$0	PA is required. You must use in-network providers.
	Rehabilitation services	\$0	PA rules may apply.



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You need help getting better or have special health need			You can get outpatient rehabilitation services from hospital outpatient departments, independent therapist offices, comprehensive outpatient rehabilitation facilities (CORFs), and other facilities.
	Medical equipment for home care	\$0	If you qualify, the plan covers devices, controls, or appliances that enable you to increase your ability to perform activities of daily living or to perceive, control, or communicate with the environment in which you live.
	Skilled nursing care	2% Coinsurance	Long Term Care PA is not required for members who live in the facility and have had their stay approved by the state.



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You need eye care	Eye exams	\$0	Limited to one routine eye exam every year. You must use in-network vision care providers.
	Glasses or contact lenses	\$0	Limited to one pair of eyeglasses lenses and/ or eyeglass frames every two years. Additional eyewear benefit of \$130 upgrade towards non-standard frames every two years. Routine contact lenses not covered. Medically required contact lenses are covered with prior authorization.
You need dental care	Dental check-ups	\$0	Preventative services include: two oral exams, two preventative cleanings, one fluoride treatment, and one x-ray offered every year.



If you have questions, please call Blue Cross Community MMAI Member Services at 1-877-723-7702 and (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit www.bcbsil.com/mmai

Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>The plan offers an \$800 allowance as a supplemental benefit each year to help pay for dental services that would NOT otherwise be covered by Medicare or Medicaid.</p> <p>You must use in-network dental providers. For a detailed list, please call Member Services.</p>
<p>You need hearing/auditory services</p>	<p>Hearing screenings</p>	<p>\$0</p>	<p>The plan covers hearing and balance tests done by your provider. These tests tell you whether you need medical treatment. They are covered as outpatient care when you get them from a physician, audiologist, or other qualified provider.</p>
	<p>Hearing aids</p>	<p>\$0</p>	<p>Hearing Aids require prior authorization. The plan also covers the following:</p>



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Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<ul style="list-style-type: none"> • One pair of hearing aids every three years • Hearing aids should include the following services: <ul style="list-style-type: none"> ○ Fitting/evaluation for a hearing aid ○ Hearing aid counseling
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Services will be included as part of your care plan.
	Diabetes supplies and services	\$0	Preferred product is limited to diabetic testing supplies (meters, strips, and lancets) obtained through the pharmacy and limited to LifeScan branded products (OneTouch Verio Flex, OneTouch Verio Reflect, One Touch Verio, OneTouch Ultra Mini and OneTouch Ultra 2).



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Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>Approval will be required for all other diabetic testing supplies (meters, strips and lancets). All test strips will also be subject to a quantity limit of 204 per 30 days.</p> <p>Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to Prior Authorization.</p>
<p>You have a mental health condition</p>	<p>Mental or behavioral health services</p>	<p>\$0</p>	<p>PA rules may apply. You must use in-network providers.</p> <p>For a detailed list of services that require a PA, please call our Member Services.</p> <p>The plan will cover medically necessary crisis services including Mobile Crisis Response (MCR) and Crisis Stabilization.</p>



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Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			Federally Qualified Health Center (FQHC), and Rural Health Clinic (RHC) setting are covered. Please refer to the emergency and hospital care sections for additional guidance.
You have a substance abuse problem	Substance abuse services	\$0	PA rules may apply. You must use in-network providers. For a detailed list of services that require a prior authorization, please call our Member Services.
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	PA rules may apply. You must use in-network providers For a detailed list of services that require a prior authorization, please call our Member Services.



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Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME)	Wheelchairs	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Nebulizers	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Crutches	\$0	PA rules may apply. You must use in-network providers.



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Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Walkers	\$0	<p>PA rules may apply. You must use in-network providers.</p> <p>PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	Oxygen equipment and supplies	\$0	<p>PA rules may apply. You must use in-network providers.</p> <p>PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>



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Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Meals brought to your home	\$0	PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Home services, such as cleaning or housekeeping	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Changes to your home, such as ramps and wheelchair access	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.



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Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Training to help you get paid or unpaid jobs	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Home health care services	\$0	PA rules may apply. You must use in-network providers.



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Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Services to help you live on your own	\$0	<p>PA rules may apply. You must use in-network providers.</p> <p>PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	Adult day services or other support services	\$0	<p>PA rules may apply. You must use in-network providers.</p> <p>PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>



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Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need a place to live with people available to help you</p>	<p>Assisted living or other housing services</p>	<p>\$0</p>	<p>PA rules may apply. You must use in-network providers.</p> <p>PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	<p>Nursing home care</p>	<p>\$0</p>	<p>PA rules may apply. You must use in-network providers.</p> <p>PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
<p>Your caregiver needs some time off</p>	<p>Respite care</p>	<p>\$0</p>	<p>PA rules may apply. Must be on member's approved service plan.</p>



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Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services	Cell Phone	\$0	<p>PA required and must be identified as part of your care plan. Eligible for members who do not have reliable access to a telephone.</p> <p>Monthly plan with limited minutes to contact Doctor, Provider, Care Coordinator, or 911 emergency services; for eligible members.</p>
	Over-the-counter drugs & supplies – Supplemental personal health related items	\$0	The plan covers certain over-the-counter (OTC) products and supplies. The plan will pay up to a \$30 benefit per quarter. Item will be shipped to your address in 7-10 business days. You may make one (1) order each quarter. Unused funds do not carry over.



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Blue Cross Community MMAI: Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			Contact BlueCross BlueShield of Illinois' OTC vendor, Convey Health Solutions, at: 1-855-891-5274.
	Fitness Programs	\$0	The plan covers membership in the SilverSneakers® Fitness Program.
	Post-Discharge Home Delivered Meals	\$0	The plan covers up to 14 home delivered meals after being discharged from a hospital or SNF. PA rules may apply.
	Additional Telehealth Services through MDLIVE	\$0	The plan covers certain additional telehealth services including those for behavioral health, sore throat, fever, cough, nausea and other non-emergency illnesses through MDLIVE. You can contact MDLIVE at 1-888-680-8646 or visit the MDLIVE website at mdlive.com .



If you have questions, please call Blue Cross Community MMAI Member Services at 1-877-723-7702 and (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit www.bcbsil.com/mmai

Blue Cross Community MMAI: Summary of Benefits 2024

D. Benefits covered outside of Blue Cross Community MMAI

This is not a complete list. Call Member Services to find out about other services not covered by Blue Cross Community MMAI but available through Medicare or Medicaid.

Other services covered by Medicare	Your costs
Some hospice care services	\$0

E. Services that Blue Cross Community MMAI, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Blue Cross Community MMAI, Medicare, or Medicaid
Services that are provided in a State Facility operated as a psychiatric hospital as a result of a forensic commitment.
Services that are provided through a Local Education Agency (LEA).
Experimental or investigational in nature.
Services that are provided without a required referral or PA.
Medical and surgical services that are provided solely for cosmetic purposes.



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Blue Cross Community MMAI: Summary of Benefits 2024

F. Your rights as a member of the plan

As a member of Blue Cross Community MMAI, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - get information in other formats (e.g., large print, braille, audio).
 - be free from any form of physical restraint or seclusion.
 - not be billed by providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - description of the services we cover
 - how to get services
 - how much services will cost you
 - names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
 - use a women's health care provider without a referral.
 - get your covered services and drugs quickly.



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Blue Cross Community MMAI: Summary of Benefits 2024

- know about all treatment options, no matter what they cost or whether they are covered.
- refuse treatment, even if your doctor advises against it.
- stop taking medicine.
- ask for a second opinion. Blue Cross Community MMAI will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - get timely medical care.
 - get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - get emergency services without PA in an emergency.
 - use an out-of-network, urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - ask for and get a copy of your medical records in a way that you can understand and ask for your records to be changed or corrected.
 - have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - file a complaint or grievance against us or our providers.
 - ask for a state fair hearing.
 - get a detailed reason for why services were denied.



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Blue Cross Community MMAI: Summary of Benefits 2024

For more information about your rights, you can read the Blue Cross Community MMAI *Member Handbook*. If you have questions, you can also call Blue Cross Community MMAI Member Services at **1-877-723-7702** and TTY: 711. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Blue Cross Community MMAI should cover something we denied, call Blue Cross Community MMAI Member Services at 1-877-723-7702 and TTY: 711. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Blue Cross Community MMAI *Member Handbook*. You can also call Blue Cross Community MMAI Member Services.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Blue Cross Community MMAI Member Services at 1-877-723-7702 and TTY: 711, Our call center is open Monday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.



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Blue Cross Community MMAI: Summary of Benefits 2024

- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Call the State of Illinois Fraud Hotline at **1-844-453-7283**. You can call the number for free, 24 hours a day, seven (7) days a week.



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Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-723-7702 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-723-7702 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-723-7702 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-723-7702 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-723-7702 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-723-7702 (TTY :711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-723-7702 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-723-7702 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-723-7702 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-723-7702 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-723-7702 (TTY:711). سيفوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-723-7702 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-723-7702 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-723-7702 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-723-7702 (TTY :711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-723-7702 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-723-7702 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。