



BlueCross BlueShield  
of Illinois



*Experience. Wellness. Everywhere.®*

# Standard Products

Employer Guide  
products for the 2-150 market

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Smart choices can have an immediate and positive impact on your health. Blue Cross and Blue Shield of Illinois is committed to keeping you well by making you aware of largely preventable safety and health issues through this website:

[besmartbewell.com](http://besmartbewell.com)

where awareness and prevention meet



# A Leader in Health Care Benefits

Nearly one in every three Americans has a Blue Cross and Blue Shield product.

## Experience

Preventive care is essential to maintaining a healthier life, and no one understands this better than Blue Cross and Blue Shield of Illinois (BCBSIL). For more than 70 years, BCBSIL has provided quality health care benefits and services to its members and communities. Through benefit plans, members have the programs and support to create customized wellness action plans, make smarter health care choices and help manage their health care.

## Journey to Wellness

The choices your employees make each day can affect their health now and in the future. BCBSIL offers access to convenient online tools and resources to help your employees plan and manage their health care. Whether your employees are trying to improve their health or reach the next level of wellness, BCBSIL is here to help.

## Create Your Benefit Plan

Products include flexible options with the right combination of benefits, choice of providers and access to a wide variety of educational resources.

Standard PPO	HMO Products	Consumer Value	Select Network
✓ PPO	✓ BlueAdvantage <sup>SM</sup> HMO	✓ BlueEdge <sup>SM</sup> HSA	✓ BlueEdge <sup>SM</sup> Select HSA
	✓ HMO Value Choice	✓ BlueEdge <sup>SM</sup> Direct HCA	✓ BlueEdge <sup>SM</sup> Select Direct HCA*
		✓ PPO Value Choice	✓ BlueChoice Select <sup>®</sup> *
		✓ CPO Value Choice*	✓ CPO*

\*Availability is subject to geographic location and/or group size.

## Special Benefit Designs for Small Groups

**BlueAdvantage Entrepreneur<sup>SM</sup>** for groups with 2 to 50 employees – employers can choose one product from each category for a maximum of three choices: PPO, BlueAdvantage HMO, HMO Value Choice, PPO Value Choice, BlueEdge HSA, BlueEdge Select HSA, BlueEdge Direct HCA, BlueEdge Select Direct HCA or BlueChoice Select.

**BluePrint<sup>SM</sup>** for groups with 51 to 150 employees – employers can choose one product from each category for a maximum of three choices: PPO, BlueAdvantage HMO, HMO Value Choice, PPO Value Choice, BlueEdge HSA, BlueEdge Select HSA, BlueEdge Direct HCA, BlueEdge Select Direct HCA or BlueChoice Select. BluePrint is also available to groups with 151 or more employees.



# Product Choices

## Standard PPO Plan

Choose from a wide range of benefit designs that offer options for coinsurance, deductible and out-of-pocket maximums, as well as office visit and three-tier drug card copayments.

*Participating Provider Option* (PPO) members are not required to select a primary care physician. They have the freedom to choose a doctor whenever they need care, including specialists, from one of the largest PPO networks in Illinois. When your employees use contracting network doctors and hospitals, there are no claim forms to complete and no “balance billing” because providers agree to accept BCBSIL’s negotiated rates.

## HMO Plans

HMO options offer flexible plan designs and a wide range of benefits. Each covered family member can choose his or her own primary care physician (PCP) and a medical group/Independent Practice Association (IPA). Female members may also select a Woman’s Principal Health Care Provider (WPHCP) to coordinate obstetric and gynecological care. The WPHCP and PCP must be affiliated with or employed by the member’s Participating Medical Group. Physicians in the same medical group have a referral arrangement. Other advantages include predictable copayments, no claim forms or other paperwork, and no deductibles to meet. *BlueAdvantage HMO* offers a broad network of PCPs and hospitals. *HMO Value Choice* expands your options with an innovative three-tier copayment structure and reduced premiums.

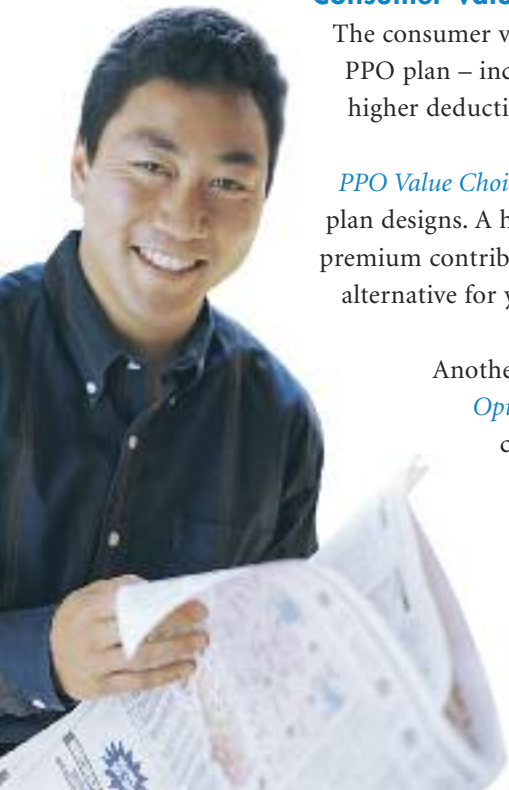
## Consumer Value Plans

The consumer value products offer all the advantages of the standard PPO plan – including access to the large PPO network – but with a higher deductible and lower premium cost.

*PPO Value Choice* works just like the standard PPO plan, but with fewer plan designs. A higher deductible amount is paired with a lower premium contribution – a combination that may be an economical alternative for you and your employees.

Another option in Consumer Value is *Community Participating Option (CPO) Value Choice*, which offers members in certain geographic areas the convenience of affordable care from local health care providers with a three-tier network. After choosing a CPO network, members can see doctors in that network and receive the highest level of benefits. CPO members also have access to PPO providers, but benefits are paid at a lower level. CPO Value Choice offers the same coverage as standard CPO, but includes higher deductible amount options.

An array of product options lets you create the health care benefit plan that’s right for your company.





[BlueEdge HSA](#) and [BlueEdge Direct HCA](#) are PPO plans that include a Spending Account to help employees pay for medical expenses and meet the annual deductible.

## Spending Accounts

A [Health Savings Account](#) (HSA) is a tax-exempt account available to employees covered by a high-deductible health plan. Contributions, potential interest gains and distributions (when used for qualified medical expenses) are tax free. Deposits to the account can be made by the employee, the employer or both. Unspent funds in the account roll over year to year. The account is portable, which means it belongs to the employee even if he or she changes jobs, leaves the plan or retires.

A [Health Care Account](#) (HCA) is funded by the employer and helps members meet the deductible and pay for health care expenses. Members must pay their portion of the deductible each year before HCA funds can be used. PPO-eligible expenses count toward the deductible.

## Select Network Plans

Product options in this category are PPO plans. “Select” refers to the plans’ network access, which is broad, but more focused to help keep your costs lower.

[BlueEdge Select HSA](#) and [BlueEdge Select Direct HCA](#) are PPO plans that include a [Health Savings Account](#) or [Health Care Account](#) as described in the Spending Accounts section on this page.

[BlueChoice Select](#) includes the same important PPO features, such as automatic claims filing and no balance billing when members use network providers. Members can see any physician for care and do not need referrals to see specialists. This product is available only in specific areas of Illinois (check with your BCBSIL account representative or broker for details).

Another Select Network option is [Community Participating Option \(CPO\)](#). Members receive the highest level of benefits when they use providers from the CPO network. Deductible amounts are lower than with CPO Value Choice.

*Health Reimbursement Arrangements and Health Savings Accounts, including products under the BlueEdge product portfolio, have tax and legal ramifications. BCBSIL 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 should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.*

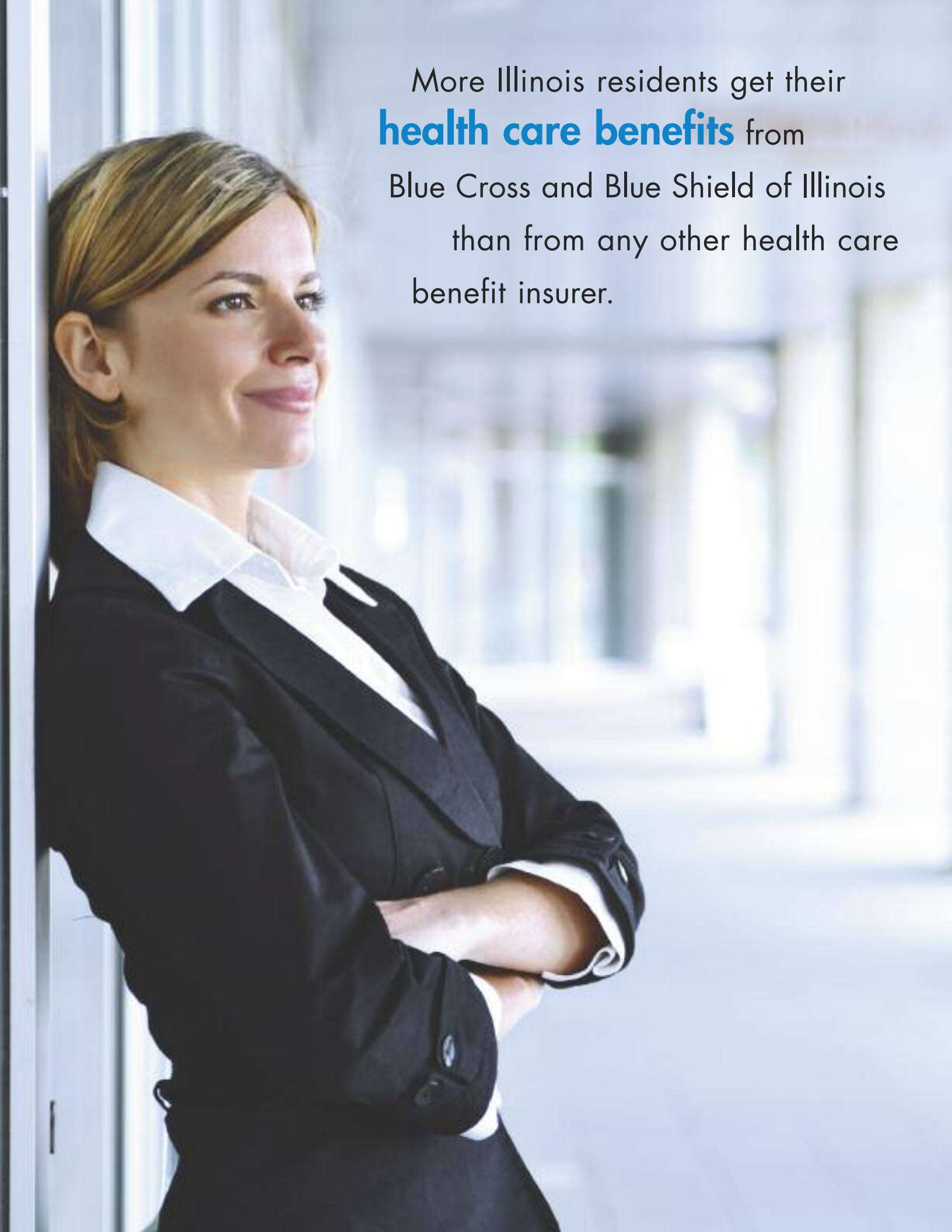
With BlueEdge HSA and BlueEdge Select HSA family coverage, the employer chooses either an aggregate or embedded deductible option\*.

**Aggregate** – entire family deductible must be met before health plan benefits begin for any covered family member.

**Embedded** – each family member has an individual deductible within the family deductible, which is the maximum deductible amount that one person is responsible for.

- If a member satisfies the individual deductible within the calendar year, that member is eligible for health plan benefits.
- Once the family deductible amount is met, all family members are eligible for health plan benefits, even if everyone has not met his/her individual deductible.

\* Minimal deductible limits apply per IRS notices and are subject to change. The embedded deductible must equal no less than the minimum family deductible amount.

A woman with blonde hair, wearing a black blazer over a white collared shirt, stands by a large window. She is looking out the window with a slight smile, her arms crossed. The background is a bright, out-of-focus office interior.

More Illinois residents get their  
**health care benefits** from  
Blue Cross and Blue Shield of Illinois  
than from any other health care  
benefit insurer.

# Benefits Overview

## Medical Care

The range of benefits includes coverage for:

- Physician office visits
- Inpatient and outpatient hospital services
- Outpatient surgery and diagnostic tests
- Routine screenings
- Maternity care
- Behavioral health and substance abuse – inpatient and outpatient treatment
- Rehabilitative therapy (such as physical, speech and occupational therapy)

## Preventive Care

Your employees and their covered dependents will enjoy preventive care benefits for children and adults, such as routine physicals, screenings, tests and immunizations. HMO members also receive reminders about scheduling flu shots, mammograms and Pap tests.

## Emergency Care

If your employees, as prudent laypersons with an average knowledge of health and medicine need to go to the emergency room of any hospital, their care is covered (subject to the plan's deductible and any applicable copayments or coinsurance). HMO members should notify the primary care physician as soon as possible, especially if the member is admitted to the hospital. Any follow-up care for HMO members must be provided or coordinated by the PCP. If the emergency results in a non-HMO member being admitted to a hospital, he or she may be required to notify BCBSIL.

## National and International Coverage (non-HMO Members)

Members have nationwide access to contracting providers linked through the BlueCard® program when they or their covered family members live, work or travel anywhere in the country. Network doctors and hospitals can be found at [bcbsil.com](http://bcbsil.com) or by calling 800-810-BLUE (2583).

When they use providers that contract in the BlueCard program, your employees receive the highest level of benefits. They do not have to file claims and they take advantage of the savings the local Plan has negotiated with area providers.

Members traveling outside the United States have access to providers that participate in the BlueCard Worldwide® program in nearly 200 countries. If care is received from a non-contracting provider, members will have to pay the doctor or hospital for care at the time of service and then submit a claim form for reimbursement.

## Benefits Overview *continued*

### **Out-of-Area Coverage (HMO members)**

HMO members have access to health care benefits when traveling or temporarily living out of state.

The *Guest Membership* program covers members who are out of the participating service area for at least 90 consecutive days. Your employees can become Guest Members at an affiliated Blue Cross and Blue Shield HMO in another state. Guest Membership is a particularly valuable benefit for covered students who are living out of state while attending school or for members on extended travel out of state. Members can sign up by calling Member Services.

The *BlueCard® Urgent Care<sup>SM</sup>* program covers HMO members traveling outside of Illinois who need medical attention for a condition that is not an emergency, but needs attention before returning home.. Members can find a contracting provider by calling 800-810-BLUE (2583) or visiting [bcbsil.com](http://bcbsil.com). They should present their BCBSIL ID card to the provider and pay any applicable copayment at the time of service. Members do not need to submit a claim form.

### **Prescription Drug Benefits**

Your employees have access to a national network of contracting pharmacies across the county. The network includes most national chain as well as independent pharmacies. All your employees have to do is show their member ID card at a contracting pharmacy. Note that HMO members must visit a contracting retail pharmacy within the state of Illinois, except in an emergency.





The prescription drug benefit is based on a three-tier formulary structure. The BCBSIL formulary is a regularly updated list of preferred drugs selected based on the recommendations of a committee, comprised of individuals from throughout the country who hold a medical or pharmacy degree. U.S. Food and Drug Administration-approved drugs are chosen based on efficacy, safety, uniqueness and cost-effectiveness. The formulary includes all generic drugs and a select group of brand drugs. Members have the lowest payment amount for generic drugs and higher payment amounts for preferred brand and non-preferred brand drugs, providing an incentive to use generic medications. The formulary structure, however, provides coverage for most drugs, even those that are not on the formulary.

Members can receive coverage for up to a 34-day supply of medication at a retail pharmacy, and up to a 90-day supply through the following programs:

### Step Therapy Program

Step therapy encourages the safe and effective use of medication. It requires members to have a prescription history for a proven, cost-effective medication (“first-line” drug) before progressing to a less preferred, potentially more costly treatment (“second-line” drug). Members can learn which drugs are included in the step therapy program by calling the Pharmacy Program number on the back of the ID card.

### Prior Authorization Program

Prior authorization is required for certain drug categories. This helps control costs and prevent potential misuse of some drugs. Members can find out if a drug is on the list by calling the Pharmacy Program number on the back of the ID card.

### Mail Service Program (non-HMO Members)

Non-HMO members can receive up to a 90-day supply of maintenance medication delivered directly to them through the mail service program.

### HMO 90-Day Supply Program

HMO members can receive up to a 90-day supply of maintenance medication through a contracting retail or mail service pharmacy.

Members have access to a variety of online tools that can help them learn more about prescription drugs and manage their pharmacy benefit when they visit [bcbsil.com](http://bcbsil.com) and log in to Blue Access® for Members (BAM).

### 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 was 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 lymphedema.

## Benefits Overview *continued*

### Blue Care Connection®

Blue Care Connection provides personalized attention, support, online resources and health advocacy, helping members find the right resources, optimize their health care benefits and manage their medical conditions. Programs include:

#### Personal Health Manager

Numerous online tools and information help your employees manage their health care, whether to improve overall health, manage a chronic health condition or prepare for a specific medical treatment. Members can:

- Learn about health status and potential health risks by completing the confidential *Health Risk Assessment (HRA)*.
- Adopt healthier behaviors and stay motivated using the interactive *Get Fit, Eat Right and Live Well* tools in the [For Your Health](#) section.
- Help identify and understand health symptoms with the *Symptom Checker*.
- Set up a personal health record to keep track of and manage family health information.
- Learn more about health conditions, medications and medical procedures to help manage care or prepare for diagnostic tests or treatments by researching the *health encyclopedia*.
- Request fitness and exercise advice from a team of personal trainers with [Ask A Trainer](#), ask registered nurses health-related questions online with the [Ask A Nurse](#) feature, ask registered dietitians for nutrition advice with [Ask A Dietitian](#) and receive help on managing stress, workplace conflicts and other issues with [Ask A Life Coach](#).

### Blue Points<sup>SM</sup>

Members earn Blue Points by using the health and wellness features in the For Your Health section of the Personal Health Manager\*. Members can also earn Blue Points for completing the general HRA\*\*. Blue Points can be redeemed for reward items such as popular health and wellness products, sporting goods, cookware and much more at the Blue Points Redemption Center.

### Weight Management

This program offers guidance and support to help members lose weight. Online tools help them learn about a healthy weight, healthy eating habits and how to be more active. They can set goals and create an action plan, receive coaching to help change behaviors and stay motivated, and take advantage of wellness-related products and services. To get started, members can go to the Personal Health Manager and click the *Weight Loss* button to enroll in the online program or call customer service at the toll-free number.

### Tobacco Cessation

Members who want to quit smoking can get help with online tools, support coaching and discounts for wellness-related products and services. They can go to the Personal Health Manager and click the *Stop Smoking* button to enroll in the online program or contact customer service.

Blue Care Connection can help your employees learn more about good physical and mental health, maintained by proper diet, exercise and habits.

\*Blue Points Program Rules are subject to change without prior notice.

\*\* Blue Points are limited to the general HRA and may be earned twice within any 12-month period.



## The Fitness Program

Members and covered dependents (age 18 and older) have unlimited access to a nationwide network of fitness centers for a low monthly membership fee. The Fitness Program provides:

- Flexible membership, no long-term contract required, just a one-time fee of \$29 and \$29 per month.\*\*\*
- Easy online enrollment; automatic monthly payment withdrawal.
- Review of fitness center visits online.
- An opportunity to earn Blue Points
- Unlimited access to a nationwide network of participating fitness centers and select YMCA locations.
- Easy enrollment by calling 888-762-BLUE (2583) toll-free, Monday through Friday, 8 a.m. - 9 p.m., in any U.S. time zone.

## Behavioral Health and Substance Abuse

### Non-HMO Members

Behavioral health professionals help members find providers for mental health and substance abuse treatment and authorize members' inpatient, partial hospitalization or outpatient care. Staff members take calls 24 hours a day, seven days a week.

### HMO Members

Inpatient and outpatient mental health care is coordinated by a referral from the member's PCP. Inpatient and outpatient chemical dependency treatment is provided at contracting facilities and accessed directly, without a PCP referral, through the behavioral health network. (Note: Members of the Physicians Care Network (PCN), Inc. do not need a referral for mental health care; the care is coordinated directly with the behavioral health network provider.)

*The following Blue Care Connection features do not apply to HMO members.*

## Case Management

Registered nurse case managers can help members cope with complex medical situations by assisting them in finding appropriate services.

## 24/7 Nurseline

Members can call the 24/7 Nurseline at 800-299-0274 for answers to health-related questions 24 hours a day, seven days a week. Plus, they can learn about more than 1,000 health topics over the phone using the audio library system — with more than 600 topics available in Spanish.

## Special Beginnings®

Special Beginnings helps pregnant members better understand and manage their pregnancies by providing educational materials and support, pregnancy risk factor identification, access to a pregnancy resource website and ongoing education/monitoring. The program offers support from early pregnancy until six weeks after delivery.

\*\*\*The one-time enrollment fee and monthly membership fee for the Fitness Program are both subject to applicable taxes. The Fitness Program is a discount program available to BCBSIL members. This program is not covered under the member's health insurance benefit 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 the Fitness Program does not affect your premium, nor do costs of Fitness Program services or products count toward any maximums and/or plan deductibles. Members are responsible for all fees, dues, taxes and other charges related to the Fitness Program. Refer to the program terms and conditions for further details.

BCBSIL does not guarantee or make any claims or recommendations regarding the services or products offered under the Fitness Program. You may want to consult with your physician prior to use of these services and products. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.

Healthways, Inc. is an independent contractor which administers the Prime Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers.



## Benefits Overview *continued*

### Blue Care<sup>®</sup> Advisors

Registered nurses and other health care professionals reach out to members experiencing certain health challenges or chronic conditions. Working with your physician, they provide education and coaching to help you more easily manage your condition or make lifestyle changes.

### BlueExtras<sup>SM</sup> – For All Members

BlueExtras offers members and covered dependents access to savings on a variety of health care and wellness products and services that help support healthy lifestyles. There are no claims to file, no referrals or pre-authorizations, and no additional fees to participate. Members simply show their BCBSIL ID card to a participating provider to receive the special offer. To learn more, members can log in to Blue Access for Members (BAM) and click the My Health tab.

### Complementary Alternative Medicine

866-656-6069

Complementary Alternative Medicine (CAM) includes a variety of therapies that may help to improve health, prevent illness and address existing symptoms and conditions. Members are automatically eligible to receive up to 30 percent off standard fees through the Healthways WholeHealthMD network of more than 35,000 practitioners, spas, and wellness and fitness centers. Access the WholeHealthMD website to search for a network practitioner by logging in to BAM.

### Jenny Craig<sup>®</sup>

877-JENNY70 (877-536-6970)

Jenny Craig can help members achieve their weight loss goals. Through one-on-one support provided by a trained weight loss consultant, participants will receive a tailored program based on the three essential components of successful weight management: Food, Body, Mind. Members can meet with a consultant in-person in a local centre, or enjoy the convenience and privacy of the Jenny Craig At Home program. To access a special savings coupon, log in to BAM.

### Seattle Sutton's Healthy Eating<sup>®</sup>

800-442-DIET (800-442-3438)

Seattle Sutton's Healthy Eating offers convenient delivery or pick-up (based on the participant's location) of freshly prepared, calorie-controlled meals designed to help with weight loss and management of certain health conditions. Log in to BAM for further details and to access the Seattle Sutton's Healthy Eating website to learn more about the program or find a location.

### Life Time<sup>®</sup> Fitness

Life Time Fitness offers a complete health fitness experience no matter the member's fitness level, interests, schedule or budget. For members who join as new members to this full-service health club, Life Time Fitness will waive the enrollment fee and provide a complimentary service offered at one of the clubs.\* Members can log in to BAM and access the Life Time Fitness website to find a free, seven-day pass to a nearby location.

### Davis Vision<sup>SM</sup>

877-393-8844

Members save on eyeglasses (frames and lenses), as well as contact lenses, laser vision correction services, examinations and accessories through one of the nation's leading providers of routine vision care programs. Find out more by logging in to BAM. The Davis Vision network consists of major national and regional retail locations, such as EyeMasters and Visionworks, as well as independent ophthalmologists and optometrists.





## TruHearing® 800-687-4617

Members save on digital hearing aids through TruHearing. They can get a hearing test at no additional charge by a licensed hearing specialist when performed for the purpose of fitting a hearing aid. They will also enjoy a 45-day, money-back guarantee, a three-year warranty, a one-year supply of batteries with purchase and a selection of hearing aid styles at various price levels. Learn more by logging in to BAM.

## Online Tools Help You and Your Employees For Employers

Find helpful information and easy-to-use online services at Blue Access® for Employers, the secure site at [bcbsil.com](http://bcbsil.com)<sup>†</sup>. Check employee eligibility as well as access and update membership information, such as enrolling new members, adding dependents, changing names and addresses, and canceling/reinstating employees. You can also view premium bills, weekly invoice details and monthly settlements, review standard customer reports and download forms.

## For Employees

After your employees enroll in a plan, they should register for Blue Access for Members (BAM), a secure website. Members can check the status of a claim, view the Explanation of Benefits (EOB) and receive e-mail notification when a health or dental claim is finalized<sup>††</sup>. (HMO members do not receive EOBs.) Members can also use BAM to confirm who is covered under their plan.

To help them be good consumers, tools are available. Care Comparison® Tool lets members review and compare total treatment costs (physician and facility fees combined) for procedures performed at designated facilities in the provider network. Treatment Cost Advisor™ gives cost information for common health care services based on demographic and geographic data.

Members who have a Health Care Account can check current balances and payments made to date through BAM. Members whose Health Savings Account is administered by an HSA vendor with whom Blue Cross and Blue Shield of Illinois has a contractual arrangement, can check the account's activity through BAM.

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

*\* Proof of Blue Cross and Blue Shield of Illinois coverage is required. The \$0 enrollment fee offer is available only to new membership contracts beginning July 1, 2009. An administrative fee applies to all memberships (\$85 for Single and \$95 for Couple and Family memberships). Monthly dues and state taxes may also apply and will vary by location. Membership prices, dues and fees are subject to change at any time. Other restrictions may apply. See a Life Time Fitness Member Advisor for details. Always check with the Life Time Fitness club in your area for the current promotional offer, which is subject to change.*

*BlueExtras is a discount program available to BCBSIL members. Some of the services offered through BlueExtras 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 BlueExtras does not affect your premium, nor do costs of BlueExtras' services or products count toward any maximums and/or plan deductibles.*

*Discounts are only available through participating vendors.*

*BCBSIL does not guarantee or make any claims or recommendations regarding the services or products offered under BlueExtras. You may want to consult with your physician prior to use of these services and products. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.*

*†This service may not be available to all groups.*

*††This feature is not available for dental HMO members.*



# Options | *Dental, Life and Disability*

## Dental Plans

Each of the BlueCare® dental products features a dedicated customer service staff and toll-free telephone number.

*BlueCare® Dental PPO* gives your employees access to one of the largest dental PPO networks in Illinois and to dentists across the country through a national dental PPO provider network. BCBSIL offers two dental PPO plans:

- *BlueCare® Dental Choice PPO* is an active dental plan that offers the greatest savings when members use contracting network dentists. The covered benefit level will be lower for services provided by a non-contracting dentist.
- *BlueCare® Dental Freedom PPO* is a passive dental plan that covers benefits at the same level whether services are provided by a contracting or non-contracting dentist. Your existing indemnity dental plans can easily be replaced by the passive PPO plan with minimal disruption to employees.

Members may be subject to balance billing when services are provided by non-contracting providers.

*BlueCare® Dental HMO* encourages preventive and diagnostic care. Members and covered dependents select a contracting dentist from one of the largest dental HMO networks in the Chicago metropolitan area to provide and coordinate dental care. Members typically pay less for dental services with a dental HMO plan than they would with other dental plans.

## Life and Disability Plans

A full range of life and disability products is available through Dearborn National®\*

### *Term Life Coverage*

- Group Term Life with an Accelerated Death Benefit
- Accidental Death and Dismemberment (AD&D)
- Dependent Life

### *Disability Coverage*

- Short-Term Disability
- Long-Term Disability

### *Voluntary Coverage*

- Portable Voluntary Life/Voluntary AD&D
- Voluntary Short-Term and Long-Term Disability
- Critical Illness Benefit

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



## Reasons to Choose Blue Cross and Blue Shield of Illinois

BCBSIL's success in the health insurance industry is the result of proven, integrated management of several key elements, which differentiates its service from that of the competition.

- **Account Management** – Account staff will work closely with you to anticipate needs, offer strategic consultation and quickly resolve issues.
- **Network Management** – This strategy helps make the dollars you spend on employee health care benefits go further. BCBSIL's powerful relationships mean it can negotiate provider discounts for you and your employees.
- **Medical Care Management** – The Blue Care Connection program includes resources to help members take more responsibility for their health. The program also helps strengthen the doctor-patient relationship to improve health outcomes. Through online tools and other resources, such as the 24/7 Nurseline, BCBSIL engages members by helping them be more proactive in their health care decisions.
- **Consumerism** – By promoting personal accountability among members, your employees can become more responsible health care decision makers. BCBSIL offers the guidance to show members how easy it is to make the most of the health plan.
- **Claims and Customer Advocacy** – Coordination through the national BlueCard Program provides the same seamless claims administration for national accounts with multiple locations as it does for local accounts. Members can obtain convenient, self-service information through the secure website or personal service from customer advocates.

For more information, contact your Blue Cross and Blue Shield of Illinois account representative or broker.





**BlueCross BlueShield of Illinois**

*Experience. Wellness. Everywhere.®*

[bcbsil.com](http://bcbsil.com)