

BLUERVIEW™

For Contracting Institutional and Professional Providers

January 2008

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BlueCard: Medicare Crossover Update

Effective January 1, 2008, all Blue Plans will crossover Medicare claims for services covered under Medigap and Medicare Supplemental products. This will result in automatic claims submission of Medicare claims to the Blue secondary payer, and reduce or eliminate the need for your office or billing service to submit an additional claim to the secondary carrier. Additionally, with all Blue Plans participating in this process, Medicare claims will crossover in the same manner nationwide.

Always submit your claims to Medicare first when Medicare is primary. The BCBS supplemental claims then automatically crossover. The electronic crossover claims have the EOMB information (claim and remittance data) that is needed to process the BCBS supplemental claim.

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A Letter from Pat Hemingway Hall President and Chief Operating Officer

It is a privilege to begin 2008 in my new position as President and Chief Operating Officer of Health Care Service Corporation, which operates the Blue Cross and Blue Shield Plans in Illinois, New Mexico, Oklahoma and Texas. I am excited about this opportunity to help Blue Cross and Blue Shield of Illinois build on our heritage of working together with providers as our trusted partners.

That heritage includes working collaboratively toward creative solutions. In fact, Blue Cross traces its roots back to the world's first hospital prepayment plan in 1929. Since then, Blue Cross and Blue Shield of Illinois has grown to be the state's largest insurer, and along the way, we have broken new ground. Blue Cross and Blue Shield of Illinois founded the nation's first mobile immunization program and was the first in the state to provide coverage for heart transplants and offer group health insurance to rural and small communities. In other states, Blue Cross Plans were the first to provide coverage for a wide range of conditions, such as cancer and polio. With such a history of "firsts," it's not surprising that nearly one in three Americans now is covered by a Blue Cross and Blue Shield Plan.

We understand that our success — with more than 7.2 million members — is predicated on our strong, enduring working relationship with physicians, hospitals and other professional providers. We also recognize that only by enhancing that relationship will we be able to fulfill our company's mission to promote the health and wellness of our members and communities through accessible, cost-effective, quality health care.

As we look forward, you can be assured that in 2008 we will continue working hard to strengthen our provider relationships through responsive service and state-of-the-art information technology. As our business becomes more complex and consumer demands grow, we look forward to partnering with you to develop effective solutions to the challenges facing our industry.

In the meantime, on behalf of Blue Cross and Blue Shield of Illinois, please accept my wishes for all the best in the year ahead.

Sincerely,





Stay Connected

Visit us Online

Visit Us Online at www.bcbsil.com/provider to access updated information on:

Electronic Commerce

- EDI Transactions/Format Specs
- EFT/ERA
- Clearinghouse Enrollment
- Nebo/NDAS Online
- NPI Filing Requirements
- RealMed
- HIPAA

Credentialing/Contracting

- Receive Credentialing Updates
- Update your demographic information
- Request a Contract Application

Provider Library

- BlueCard Program
- *Blue Review* archives
- Forms
- *BlueChoice* and HMO Resources
- Medical Policies
- Refund/Payment Recovery Program
- Provider manuals/reference guides
- PTC Phone Navigation Guides

UM/QI/Medical Management

- Quality Improvement Programs
- HEDIS Reports
- *BlueChoice* Tiering
- Clinical Quality Indicators

Provider Tools

- Blue Distinction
- Radiology Quality Initiative (RQI) Program
- Obesity Management Tool Kit
- Hospital Comparison Tool
- BlueStarSM Hospital Report
- Clear Claim Connection

Pharmacy Management

- Drug Formulary Changes
- Rx Benefit Management

Workshop Schedule

- Online registration for free workshops

What's New

- Find out about new initiatives

All of this information is just a “click” away. We encourage you to visit our Web site to become familiar with the information available and access the web-based applications you need to better service our members and your patients. If you have suggestions on how we can further improve the Provider Web site, or just want to share your feedback, please email us at bluereview@bcbsil.com.

Pharmacy Benefit Management

The BCBSIL formulary is a list of preferred drugs that have been reviewed and selected by our Pharmacy Benefit Management’s (PBM) national Pharmacy and Therapeutics Committee. For many of our health plans, BCBSIL’s prescription drug benefits are based on the use of our formulary. Periodic updates to the listing of drugs included on the formulary will be published in future editions of the *Blue Review* and are also available for viewing on our Web site at www.bcbsil.com/rx.

BCBSIL utilizes only one formulary for all of our product lines (HMO, PPO, POS) and it is structured as an open formulary design, meaning that unless a therapeutic class is excluded by the benefit (such as cosmetic drugs), nearly all products requiring a prescription are covered. While co-payment amounts may vary by employer, most benefit designs based on the BCBSIL formulary utilize a 3-tier co-payment structure.

Drugs may fall into one of the three tiers listed below based on their status:

Generics

1st tier (lowest co-pay)

Formulary Brands

2nd tier

Non-formulary Brands

3rd tier (highest co-pay)

All multi-source generic products are on our formulary at the 1st tier and are subject to the lowest co-payment amount. Preferred branded products are subject to the middle tier co-payment amount. Non-formulary products, which typically include

brand name products that have generic equivalents available, and non-preferred brand products, are subject to the highest co-payment amount.

BCBSIL does not require mandatory generic substitution when a generic is available, but utilizes voluntary member and provider incentives to encourage the use of generics.

BCBSIL has instituted certain clinical programs to optimize appropriate medication usage. Prior authorization is in place on a limited number of medications. This program requires the prescriber to receive pre-approval for prescribing a drug in order for the drug to qualify for coverage under the terms of the pharmacy benefit plan. Step therapy, which requires the use of a recognized first-line drug before approval of a more complex second-line drug is given, is another clinical program that is utilized for certain drug classes. Copies of the criteria used for prior authorization and step therapy programs, as well as request forms, are available on our Web site at www.bcbsil.com/provider.

The standard benefit design allows our members to obtain up to a 34-day supply of most medications from a participating retail pharmacy for one co-payment. Some medications that are taken on an as-needed basis may be subject to certain quantity limitations. A complete listing of these medications can be found in the pocket formulary or on our Web site at www.bcbsil.com/rx. Larger quantities of maintenance medications are available through our mail-order benefit and some retail pharmacies for our HMO benefit plans.



Medicare Part D Pharmacy Updates

2008 Prime Formulary Transition Updates:

Prescribers may notice significant changes to the Prime Therapeutics Medicare Part D formulary in 2008 due to Centers for Medicare and Medicaid Services (CMS) mandated changes (safety concerns, drugs that do not meet CMS's definition of a Part D medication, etc.), and a migration to one standard formulary. Member letters were mailed in November 2007 alerting them of 2008 formulary changes (removals, tier changes, addition of step therapy edits, etc.) affecting current members. Coverage determinations for changes can be submitted by the prescribing physician after December 17, 2007, for an effective date of January 1, 2008. To view the Medicare Part D formulary changes and access a PDF of the 2008 formularies, visit Prime's Web site at www.primetherapeutics.com/pharmacists.htm. Prime Therapeutics provides pharmacy benefit management services to Blue Cross and Blue Shield of Illinois Medicare Part D plans and is a separate company.

Below you will find a list of 16 medications that have been removed from the 2008 formulary. These 16 medications are believed to have the most potential to affect current members. As a result, these medications will continue to be covered for members currently prescribed these medications, and who do not change their Medicare Part D plan, until December 31, 2008, at the third tier co-pay. Please note: These medications will not be listed on the 2008 formulary.

Affected Medications	Formulary Alternative(s)		
	Tier 1	Tier 2	Tier 3
ACIPHEX	Omeprazole	NEXIUM, PROTONIX	
ALLEGRA D (fexofenadine PLUS pseudoephedrine)	Fexofenadine PLUS OTC pseudoephedrine		
AMITIZA	Lactulose Polyethylene glycol 3305		
ATACAND	Enalapril, lisinopril	ALTACE, COZAAR, DIOVAN	BENICAR, ZESTRIL
ATACAND HCT (candesartan PLUS hydrochlorothiazide)	Enalapril PLUS HCTZ, lisinopril PLUS HCTZ	DIOVAN HCT, HYZAAR	BENICAR HCT ZESTORETIC
AVAPRO	Enalapril, lisinopril	ALTACE, COZAAR, DIOVAN	BENICAR, ZESTRIL
AVALIDE (irbesartan PLUS hydrochlorothiazide)	Enalapril PLUS HCTZ, lisinopril PLUS HCTZ	DIOVAN HCT, HYZAAR	BENICAR HCT ZESTORETIC
CATAPRES-TTS	Clonidine tablets		
LEXAPRO	Citalopram		PAXIL CR
MICARDIS	Enalapril, lisinopril	ALTACE, COZAAR, DIOVAN	BENICAR, ZESTRIL
MICARDIS HCT (telmisartan PLUS hydrochlorothiazide)	Enalapril PLUS HCTZ, lisinopril PLUS HCTZ	DIOVAN HCT, HYZAAR	BENICAR HCT ZESTORETIC
PREVACID	Omeprazole	NEXIUM, PROTONIX	
TEVETEN	Enalapril, lisinopril	ALTACE, COZAAR, DIOVAN	BENICAR, ZESTRIL
TEVETEN HCT (eprosartan PLUS hydrochlorothiazide)	Enalapril PLUS HCTZ, lisinopril PLUS HCTZ	DIOVAN HCT, HYZAAR	BENICAR HCT ZESTORETIC
UROXATRAL	Doxazosin, prazosin, terazosin	AVODART, FLOMAX	
VYTORIN (simvastatin PLUS ZETIA)	Lovastatin PLUS or Pravastatin PLUS or Simvastatin PLUS	ZETIA	
		CRESTOR, LIPITOR	

Reminder: eDispense – ZOSTAVAX vaccine

In order to prevent possible time delays with paper claims and incorrect reimbursement for administration fees, physicians now have an option for easy on-line access to submit claims for ZOSTAVAX (when administered from their office supply) to Prime Therapeutics for Medicare Part D coverage. This new service, called eDispense Medicare Part D Vaccine Manager, allows physicians to submit a real time claim from their office computer system. The process allows office staff to verify a member's coverage and coverage level prior to administering the vaccine. This service, which is administered by Dispensing Solutions, Inc (DSI, a separate company), is currently available only for ZOSTAVAX, due to its unique storage requirements. Physicians can participate by enrolling in the eDispense network at: <http://enroll.edispense.com> and completing the brief enrollment process. Physicians can also contact DSI directly with any questions at 1-866-522-3386.

Forms Available on our Web Site!

Standard Authorization Form for PHI

BCBSIL takes our responsibility to protect our members' Protected Health Information (PHI) very seriously—both from a regulatory perspective and because it represents a good business practice. To remain compliant with the HIPAA Privacy Rule on the use and disclosure of a member's PHI to appropriate parties, we have implemented measures, both internally and externally, that ensure that only data that is considered minimally necessary is shared.

A Standard Authorization Form is now available on our Web site that providers can download and print to obtain member consent for the release of clinical information to BCBSIL. This form should be completed by the member, or an authorized representative, to grant permission to use or disclose their PHI. The form can be found at www.bcbsil.com/provider. Select Forms in the Provider Library section.

Important reminders:

- Members can designate persons or organizations authorized to receive their PHI
- Members must complete the section describing the specific information to be used or disclosed.
- The form must be signed by the member, or their power of attorney, legal guardian, executor or administrator.

Completed signed authorizations should be sent to:

Blue Cross and Blue Shield of Illinois
P.O. Box 805107
Chicago, IL 60680-4112

Coordination of Benefits Questionnaire

Effective January 1, 2008, all Blue Cross and Blue Shield (BCBS) plans are required to include a Coordination of Benefits (COB) questionnaire on their Web site to help reduce the number of claims rejected for the purpose of investigating for other insurance.

The BCBSIL COB Questionnaire currently posted on our Web site will be recognized by all BCBS plans when sharing COB information collected from members. Obtaining COB information is especially problematic when rendering services to out-of-area BlueCard members. Members should be instructed to send the completed information to their Home plan. The member's Home plan will update their membership database with this information to expedite claim processing.

To avoid having your claims denied for COB, please download and give this form to all BCBS members that you service, including those from other BCBS plans. The form can be found at www.bcbsil.com/provider. Select Forms in the Provider Library section.



View Managed Care Web Updates Online

HMO and BlueChoice Updated Policies and Procedures on Web

On a monthly basis, we post updated policies and procedures on our Web site under "Updates." Go to www.bcbsil.com/provider to view the updated policies.

HMO and BlueChoice Appointment/Reappointment Report on Web

On a monthly basis, we post a report of the Appointed and Reappointed providers on our Web site. To access this report, go to www.bcbsil.com/provider. Select "Appointed/Reappointed PCPs/PSPs" under the Credentialing/Contracting section. The data provided is cumulative and is updated by the third Wednesday of each month.

BlueChoice Updated Depart List

A listing of all specialists no longer participating in the network for the BlueChoice product can be found at www.bcbsil.com/provider/securedpage.htm. Note: You can find participating specialists for the BlueChoice product on our Provider Finder® at www.bcbsil.com.

Medical Policy Disclosure Statement

New or revised Medical Policies will be posted in the "Pending Policies" section of the Medical Policy site on the BCBSIL Web site. The new or revised policies will be available on the first day of each month. The specific effective or implementation date will be noted for each policy that is posted.

To review these policies, visit our Web site at www.bcbsil.com/provider and select "Medical Policies." After reading the Medical Policies Disclaimer, click on "I Agree." The policies that are awaiting implementation can be found in the "Pending Policies" section of the Medical Policy site.

BlueCard: Medicare Crossover Update

Continued from page 1

Do all BlueCard Supplemental Claims Crossover?

The majority of claims for out-of-area (BlueCard) members do crossover as long as there is a match between the Health Insurance Claim Number (HICN) and the Blue Cross and Blue Shield (BCBS) Group and/or Identification number. Do make certain that you have included the complete HICN and the patient's complete BCBS identification number, including the alpha prefix as it appears on the patient's identification card. The primary reason that a claim would not crossover is because the member's HICN does not match our membership files.

How do I know if a claim crossed over automatically?

You should check the Medicare Remittance Advice (RA). It will contain a message that the claim was forwarded through crossover to the appropriate Blue Plan and the claim is in progress.

What should I do if the claim did not crossover?

If the claim did not crossover you may submit the claim to BCBSIL. Just remember that Medicare has a 14+ day payment

holding period before the claim will crossover. Then you must allow 7-10 days for the adjudication of the supplemental claim by the BCBS Plan. So you will need to wait at least 21 to 30 days before submitting a supplemental claim that did not crossover automatically.

Is it necessary to send the EOMB with the supplemental claim?

It is best to send the claim electronically to BCBSIL, without the EOMB, and then we will forward the electronic claim to the member's home plan, just as we do with any BlueCard claim. It is possible that some Blues Plans may require an EOMB. However, you should wait for them to request it. If you have included all the necessary information as stated in the Reference Guides, it should not be necessary for the Plan to need the EOMB for adjudication.

For more information on the electronic submission of Medicare Primary and Blue Cross and Blue Shield Secondary claims, you may access the Medicare B Supplemental Claim Submission Reference Guide located at www.bcbsil.com/provider/referenceguide.htm.

You're Invited...Register online for our Workshops

In 2008, the Provider Affairs Education Team at BCBSIL will continue to offer cutting edge workshops. To show our appreciation for your participation with BCBSIL, all seminars are complimentary to providers. Our focus this year is to give you "Blue News You Can Use." These workshops are designed for billers and office personnel who want to stay abreast of the correct ways of doing business with BCBSIL. We encourage participation from all BCBSIL contracting providers.

Some of the topics that will be included are:

- Consumer Driven Health Plan (CDHP)
- eSolutions enhancements
- Web site tutorial information
- Provider Review/Appeals
- BlueCard Enhancements
- National Provider Identifier (NPI) Transition Plan
- Webinar Training and more...

Upcoming Workshops

BlueCard (out-of-area) Webinar
January 16, 2008 Online*

Blue News You Can Use

January 23, 2008
Resurrection Holy Family Medical Center,
Des Plaines, IL

Blue News You Can Use

January 30, 2008
Lincoln Park Hospital, Chicago, IL

Blue News You Can Use

February 20, 2008
Advocate Trinity Hospital, Chicago, IL

*You will receive the URL and time after you register.

Make sure to go online at www.bcbsil.com/provider/training.htm to view the schedule and register for our workshops offered at a site near you.

New Account Groups



Group Name: **Abbott Laboratories**
 Group Number: **018051-52**
 Alpha Prefix: **LRX**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2008**
 BC ● BS ●

Group Name: **CNA Surety**
 Group Number: **024105-06**
 Alpha Prefix: **SRY**
 Product Type: **PPO(Portable)**
 Group Number: **024107**
 Alpha Prefix: **SRY**
 Product Type: **BlueEdge HSA**
 Effective Date: **Jan. 1, 2008**
 BC ● BS ●

Group Name: **Drinkler, Biddle, Reath, LLP**
 Group Number: **020403-04**
 Alpha Prefix: **DKL**
 Product Type: **PPO(Portable)**
 Group Number: **020406**
 Alpha Prefix: **DKL**
 Product Type: **CDHP**
 Group Number: **H20403**
 Alpha Prefix: **XOH**
 Product Type: **HMO**
 Effective Date: **Jan. 1, 2008**
 BC ● BS ●

Group Name: **Heidrick & Struggles, Inc.**
 Group Number: **022240**
 Alpha Prefix: **HZK**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2008**
 BC ● BS ●

Group Name: **McDonald's Corporation**
 Group Number: **021503-021520,**
021524-25, 021527

Alpha Prefix: **MCQ**
 Product Type: **PPO(Portable)**
 Group Number: **021521**
 Alpha Prefix: **XOT**
 Product Type: **CMM**
 Effective Date: **Jan. 1, 2008**
 BC ● BS ●

Group Name: **Serta Mattress Company**
 Group Number: **022295-98**
 Alpha Prefix: **SRB**

Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2008**
 BC ● BS ●

Group Name: **Solo Cup Company**
 Group Number: **010776, 010788, 010800-01,**
010804, 010833, 010895,
010903

Alpha Prefix: **SLO**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2008**
 BC ● BS ●

Group Name: **Standard Parking**
 Group Number: **020305**
 Alpha Prefix: **NKP**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2008**
 BC ● BS ●

Group Name: **SFG Affiliated Group**
Health Plan
 Group Number: **020954-55**
 Alpha Prefix: **FNZ**
 Product Type: **PPO(Portable)**
 Group Number: **020956-57**
 Alpha Prefix: **FNZ**
 Product Type: **BlueEdge HSA**
 Group Number: **020958-59**

Alpha Prefix: **FNZ**
 Product Type: **PPO(retiree plan)**
 Effective Date: **Jan. 1, 2008**
 BC ● BS ●

Group Name: **Sheet Metal Workers Local 54**
 Group Number: **P22285**
 Alpha Prefix: **WKF**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2008**
 BC ● BS ●

Group Name: **Wilson Sporting Goods**
 Group Number: **022301**
 Alpha Prefix: **WNS**
 Product Type: **PPO(Portable)**
 Group Number: **022301**
 Alpha Prefix: **XOF**
 Product Type: **PPO(retiree plan)**
 Effective Date: **Jan. 1, 2008**
 BC ● BS ●

NPI Corner

Attention Electronic Submitters: NPI Required Phase Extension

Note: the following edit rejection ("R") applies to Illinois, New Mexico and Texas only. This edit will remain as a warning ("W") for Oklahoma.

Formerly, BCBSIL had published December 1, 2007, as the start of our "NPI Required Phase." This deadline date has been changed to January 7, 2008. Please continue to submit claims using dual identifiers (your BCBSIL provider number *and* your NPI), or only your NPI if you have received approval notification from us to submit NPI-only claims.

Claims submitted to BCBSIL without an NPI as of January 7, 2008, will be rejected.

The current warning message, "QGA - Billing Provider NPI missing and is required," will become a **rejection** as of January 7, 2008. In order to avoid claims payment delays, it is imperative that you include your NPI in your claim(s) transmission immediately. If you require additional information, please contact your EDI Representative or feel free to call our Electronic Commerce (E-Commerce) Center at 1-800-746-4614.

The QGA message requires the 'XX' qualifier in LOOP ID - 2010AA (Billing Provider Name) segment ID, NM108 and the National Provider Identifier in segment ID NM109.

EXAMPLE:

```
LOOP ID 2010AA - (Billing Provider Name)
NM1*85*1*LAST NAME*FIRST NAME*MIDDLE
IN***XX*NPI NUMBER~
N3*BILLING ADDRESS~
N4*CITY*ST*ZIP~
REF*EI*TAX IDENTIFICATION~
```

- IF THE NM102 IS AN ENTITY USE THE VALUE "2."



Fairness in Contracting

In an effort to comply with Fairness In Contracting Legislation and keep our contracting providers informed, BCBSIL has designated a column in the *Blue Review* to notify you of any changes to the physician fee schedules. Be sure to review this area each month.

Effective November 15, 2007,
the fee for 90736 was updated.

Providers can request fees by downloading the Fee Schedule Request Form at
www.bcsil.com/provider/forms.htm.

Vertebral Axial Decompression (VAX-D) Services

The description of VAX-D as described in the Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policy states the following:

“Vertebral axial decompression therapy is a type of lumbar traction that has been investigated as a technique to reduce intra-disc pressure and relieve lower back pain. The patient wears a pelvic harness and lies on a specially equipped table. The table slowly extends and contracts to decompress inter-vertebral discs and facet joints.

This therapy has been reviewed by the Blue Cross and Blue Shield Association (BCBSA) Medical Directors and has been found to be ‘investigational.’ The BCBSIL medical policy considers this procedure experimental or investigational and therefore excluded from benefits under BCBSIL.”

The appropriate code for the VAX-D procedure is Health Care Common Procedure Coding System (HCPCS) Code S9090, “Vertebral axial decompression, per session.”

This includes services using devices such as DRX-9000TM, DRX-9000CTM, the DRS System™, the Spina System™, the Lordex® Decompression Unit, the SpineMED™ Decompression Table as well as any other comparable devices that might be developed or are not named previously.

Vertebral axial decompression service should not be billed under the following HCPCS codes:

- 64722 - Decompression, unspecified nerve(s)
- 97012 - Traction mechanical
- 97110 - Therapeutic exercise
- 97112 - Neuromuscular re-education
- 97140 - Manual therapy techniques
- 97530 - Therapeutic activities
- 97039 - Unlisted modality

Billing of this service under these or any code other than S9090 is inappropriate and may result in claim processing delays, audit of claims, and recoupment if claims were paid incorrectly.

Senior Provider Network Consultants... Revised 2008 Professional Provider Assignments by County and Zip Code

Our Senior Provider Network Consultants serve as the liaison between BCBSIL and our contracting provider community, developing and maintaining cooperative working relationships with professional providers in their assigned regions.

Network Consultants are assigned to providers throughout the State of Illinois and northwest Indiana, and are available to meet with you on a routine basis to educate your staff on BCBSIL procedures, ensure provider contract compliance and help resolve any operational issues. This dedicated staff has a thorough knowledge of the BlueChoice POS and PPO products, and will keep you abreast of our health care initiatives.

To find out the name of your Network Consultant, refer to the revised 2008 version of the State of Illinois county map on the facing page. Note: Due to the number of providers in Cook County (Code 16), provider assignments are broken down by suburban city and Chicago zip codes, as indicated.

Illinois Territory Breakdown by County Code

Northern: (004, 008, 043, 049, 056, 071, 081, 089, 098 and 101) – **Gina Plescia**

Eastern: (012, 013, 015, 017, 018, 024, 025, 028, 030, 033, 040, 041, 051, 061, 080, 083, 087, 093, 096, 097 and 100) – **Michelle Brownfield-Nance**

Western: (006, 019, 036, 037, 048, 050, 052, 062, 066, 078, 088 and 094) – **Katie Gordon**

Southern: (001, 002, 003, 005, 007, 009, 011, 014, 026, 029, 031, 034, 035, 039, 042, 044, 055, 059, 060, 063, 064, 065, 067, 068, 069, 073, 075, 076, 077, 079, 082, 084, 085, 086, 091 and 095) – **Lynn Sorensen**

Midwest: (010, 020, 021, 023, 027, 038, 053, 054, 057, 058, 070, 072, 074, 090, 092, and 102) – **Amanda Williams**

North Metro: (022, 045 and 047) – **Derrick Champion**

South Metro: (032, 046, 099 and Northwest Indiana) – **Auggie McAdoo**

Cook County: (016) – Please see Cook County Breakdown section

Cook County Breakdown by City and Zip Code

Auggie McAdoo – City(s): Calumet City, Chicago Heights, Dolton, Flossmoor, Glenwood, Homewood, Lansing, Matteson, Olympia Fields, Park Forest, Richton Park, Riverdale, South Holland, Steger and Thornton; **Zip Code(s):** 60632, 60633, 60634, 60636, 60637, 60638, 60639, 60640, 60641, 60643, 60644, 60645, 60646, 60647, 60649, 60651, 60652, 60653, 60654, 60655, 60656, 60657, 60658, 60659, 60660, 60661, 60666, 60668, 60669, 60670, 60673, 60674, 60675, 60676, 60677, 60678, 60680, 60681, 60686, 60689, 60690, 60693, 60694, 60695 and 60696

Derrick Champion – City(s): Elk Grove Village, Evanston, Hanover Park, Skokie and Streamwood







Gina Plescia – City(s): Arlington Heights, Des Plaines, Glencoe, Glenview, Golf, Hoffman Estates, Kenilworth, Lincolnwood, Morton Grove, Mount Prospect, Neenah, Niles, Northbrook, Palatine, Prospect Heights, Rolling Meadows, Schaumburg, Wheeling, Wilmette and Winnetka

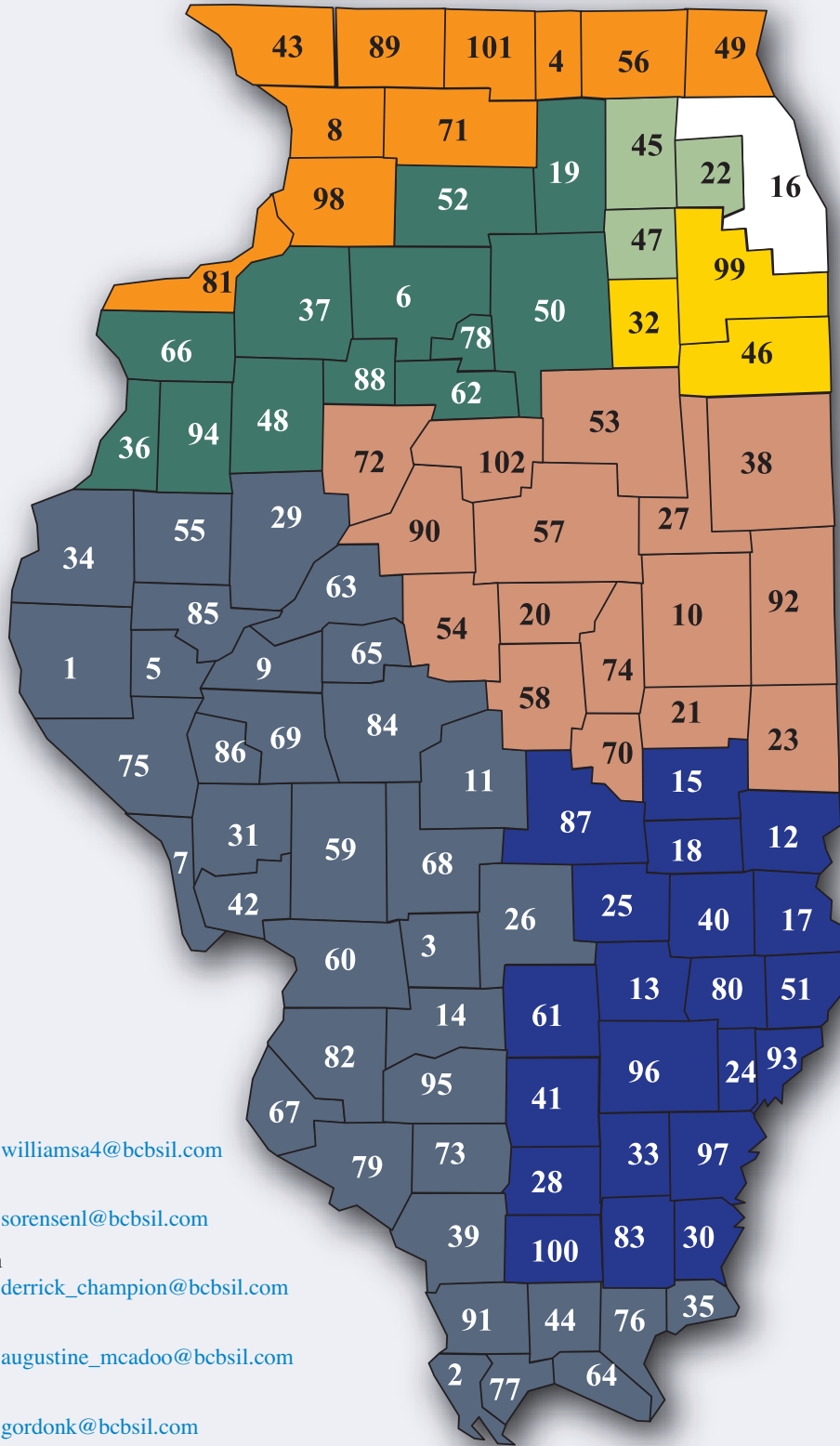
Katie Gordon – City(s): Alsip, Bellwood, Berkeley, Berwyn, Blue Island, Bridgeview, Broadview, Brookfield, Burbank, Chicago Ridge, Cicero, Elmwood Park, Evergreen Park, Forest Park, Franklin Park, Harwood Heights, Hillside, Hines, Hometown, Justice, La Grange, La Grange Park, Lyons, Maywood, Melrose Park, Oak Lawn, Oak Park, Park Ridge, River Forest, River Grove, Riverside, Schiller Park, Stone Park, Summit Argo, Westchester and Western Springs; **Zip Code(s):** 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60608, 60609, 60610, 60611 and 60612

Michelle Brownfield-Nance – City(s): Country Club Hills, Harvey, Hazel Crest, Hickory Hills, Lemont, Markham, Midlothian, Oak Forest, Orland Park, Palos Heights, Palos Hills, Palos Park, Posen, Robbins, Tinley Park, Willow Springs and Worth; **Zip Code(s):** 60613, 60614, 60615, 60616, 60617, 60618, 60619, 60620, 60621, 60622, 60623, 60624, 60625, 60626, 60628, 60629, 60630 and 60631

We're here to serve you!

Code	County
1	Adams
2	Alexander
3	Bond
4	Boone
5	Brown
6	Bureau
7	Calhoun
8	Carroll
9	Cass
10	Champaign
11	Christian
12	Clark
13	Clay
14	Clinton
15	Coles
16	Cook
17	Crawford
18	Cumberland
19	DeKalb
20	Dewitt
21	Douglas
22	DuPage
23	Edgar
24	Edwards
25	Effingham
26	Fayette
27	Ford
28	Franklin
29	Fulton
30	Gallatin
31	Greene
32	Grundy
33	Hamilton
34	Hancock
35	Hardin
36	Henderson
37	Henry
38	Iroquois
39	Jackson
40	Jasper
41	Jefferson
42	Jersey
43	JoDaviess

	Amanda Williams 217/698-5179 williamsa4@bcbsil.com
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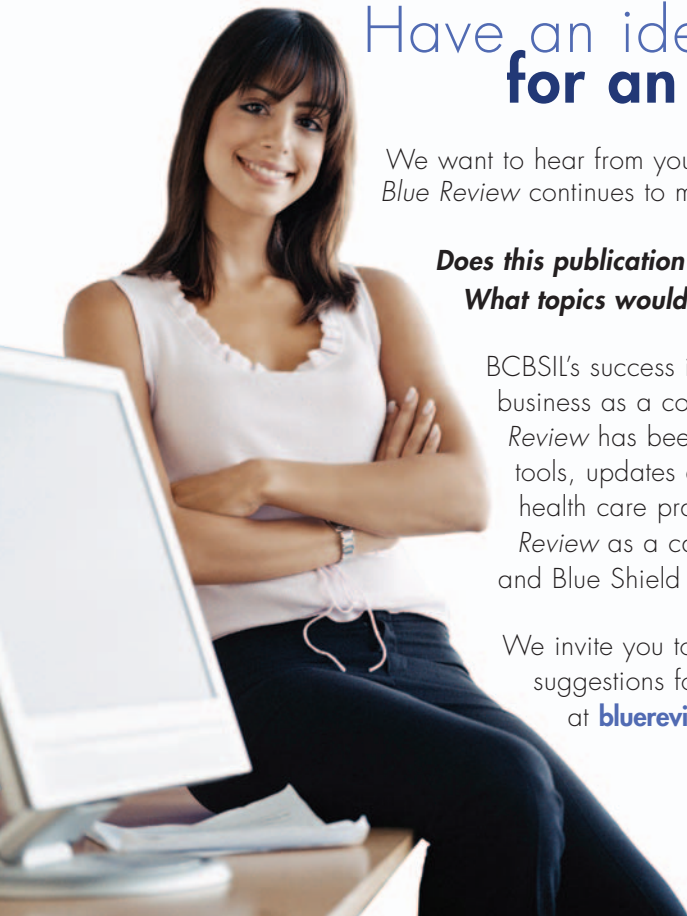
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