

# Blue Cross and Blue Shield of Illinois Product Guide

Developed by the Provider Affairs Operations/Education/Communications Department

Product	Product Description	Insurance Card Identifier	Network	Utilization Management Requirement	Referrals
<b>PPO Products</b>					
Participating Provider Option (PPO) Hospital Network**	A health benefit program designed to provide BCBSIL members with economical incentives for using designated hospitals.	Alpha Prefix = XOF* XOP	The PPO Hospital Network includes community, tertiary care, and specialty hospitals to provide a full range of health care services. Hospitals are geographically located so members have access to hospitals in Illinois.	Precertification and Utilization Management (UM) required through our Medical Services Advisory (MSA) Department for inpatient hospital services.	Out-of-network referrals result in reduced benefits for the member.
Participating Provider Option (PPO)**	A cost containment benefit program that consists of our PPO network (hospitals) and professional providers. PPO providers have agreed to fees set by BCBSIL as the maximum cost for their services. Employees may choose non-PPO providers, however their benefits will be reduced and their out-of-pocket expense will be greater.	Alpha Prefix = XOF* XOC	Providers sign the Mutual Participation Program (MPP) contract, and PPO Plus Addendum contract. The network includes contracted PPO hospitals, physicians, chiropractors, podiatrists, osteopaths, licensed clinical professionals, social workers, certified nurse midwives, clinical psychologists, and licensed clinical professional counselors (LCPCs).	Precertification and UM required through our MSA Department for inpatient hospital services. Some employee contracts require approval for specific outpatient procedures.	Out-of-network referrals result in reduced benefits for the member. Providers should refer members to in-network PPO professional providers and facilities.  To confirm PPO network participation use the Provider Finder® Search Tool on our Web site at <a href="http://www.bcbsil.com">www.bcbsil.com</a> .
<b>PPO Subsets</b>					
BlueAdvantage Health Plan PPO**	A dual option product tailored primarily for groups of 100 to 250 employees located in the Chicago metro area. BlueAdvantage HMO may be paired with BlueAdvantage PPO.	Alpha Prefix = XOF*	Providers who are members of the regular PPO network automatically qualify for the BlueAdvantage PPO network.	Precertification and UM required through our MSA Department for inpatient hospital services. Some employee contracts require approval for specific outpatient procedures.  The provider is responsible for precertification for inpatient hospitalization.	Providers must use best effort to refer members to PPO providers and hospitals when referrals are necessary.
BlueChoice Select***	No PCP selection required. Members may self-direct care, but in-network and out-of-network benefit levels differ. <b>In-network:</b> higher benefit level (care from contracted physician and facilities.) <b>Out-of-network:</b> lower benefit level (care from non-contracted physician & facilities.)	Alpha Prefix = XOJ	Physicians are PPO and BlueChoice contracted. For highest level of benefits members must use BlueChoice hospital, therapy and laboratory networks.	Precertification and UM required through the Medical Services Advisory (MSA) Department. Notification requirements are found on the back of the member's ID card.	Written referrals are not required. However, members receive the highest level of benefits when referred to in-network participating providers and facilities.  To confirm BlueChoice network participation use the Provider Finder® Search Tool on our Web site at <a href="http://www.bcbsil.com">www.bcbsil.com</a> .
Community Participating Option (CPO)**	A subset of the larger PPO network. To receive the highest level of benefits, members must receive care from local participating CPO community providers. There are 28 plans located in south central Illinois.	Alpha Prefix = XOF*	Physicians are identified through CPO hospitals for each region. Physicians need admitting privileges with local CPO hospitals, signed MPP contract, and PPO Plus Addendum and CPO contract. CPO Hospitals are PPO contracted.	Precertification and UM required through our MSA Department for inpatient hospital services. Some employee contracts require approval for specific outpatient procedures.  The provider is responsible for precertification for inpatient hospitalization.	When medically necessary, CPO providers should refer patients within the CPO network for maximum benefits. Referrals to PPO provider networks slightly reduce benefits. Out-of-network referrals result in reduced benefits.
BlueAdvantage Entrepreneur (BAE) PPO**	A BlueCross and BlueShield product designed and priced for small businesses with 2-99 employees. This flexible plan offers a combination of 3 options, PPO, HMO, and Alternative Plan.	Alpha Prefix = XOF*	Providers in the Chicago Metro area who participate in the PPO Program automatically qualify for the BlueAdvantage Entrepreneur PPO network.	Precertification and UM required through our MSA department. Providers are responsible for precertification for inpatient hospitalization, inpatient emergency and inpatient maternity. The member is responsible for precertifying for out-of-network or out-of-state providers.	The provider must use every effort to refer to in-network providers and hospitals. Out-of-network referrals result in reduced benefits.
BluePrint	A PPO health benefit program tailored for groups with 51-500 employees. BluePrint employer groups have the option of choosing a PPO health benefit plan, the HMOI or BlueAdvantage health benefit plans.	Alpha Prefix = XOF*  ■ Copays listed on ID cards ■ ID cards will not say BluePrint	BluePrint members utilize the standard PPO network.	Provider precertification for inpatient hospital services is required by in-network providers. The hospital is responsible for contacting the MSA. The member is responsible for precertification when using out-of-network or out-of-area hospitals.	Out-of-network referrals result in reduced benefits for the member. Providers should refer members to in-network PPO professional providers and facilities.  To confirm provider participation in the PPO network use the Provider Finder® Search Tool on our Web site at <a href="http://www.bcbsil.com">www.bcbsil.com</a> .
BlueEdge <sup>SM</sup>	A Consumer Driven Health Plan PPO product, featuring an employer-funded Health Care Account (HCA) and Health Spending Account (HSA) with a higher deductible. Members have a specific dollar amount each year to meet initial health care costs.	Alpha Prefix = XOF ID cards will not say BlueEdge <sup>SM</sup>	BlueEdge <sup>SM</sup> members utilize the standard PPO network	Like most PPO contracts, plan notification and MSA approval is required for inpatient hospitalization and obstetrical inpatient admission.  Some employers require notification for certain outpatient procedures	Out-of-network referrals result in reduced benefits for the member. Providers should refer members to in-network PPO professional providers and facilities.  To confirm PPO provider participation in the PPO network, use the Provider Finder® Search Tool on our Web site at <a href="http://www.bcbsil.com">www.bcbsil.com</a> .

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<b>Managed Care Products</b>					
BlueChoice***	A managed care, point of service product giving members the highest level of benefits when they receive in-network care, but still have the option to go out-of-network and incur a lower level of benefits. Members choose their own PCP.	Alpha Prefix = XOM or account specific prefix, i.e., AMC	Primary Care Physicians (PCPs) and Participating Specialist Physicians (PSPs) are PPO and BlueChoice contracted. The PCP refers members to PSPs. Additionally, for highest level of benefits members must use BlueChoice hospital, therapy and laboratory networks.	Precertification, referral authorization, and UM required through the Medical Services Advisory (MSA) Department. Notification requirements are found on the back of the member's ID card.	Written referrals are required from the PCP for all services not rendered by the PCP. PCP notifies plan of all services they order. Lab services have specific requirements. Contact BlueChoice for additional information at (312) 653-7433.  To confirm BlueChoice network participation use the Provider Finder® Search Tool on our Web site at <a href="http://www.bcbsil.com">www.bcbsil.com</a> .
HMO Illinois (HMOI)***	A network of providers in which the member chooses a Primary Care Physician (PCP). PCP manages all aspects of medical care including all professional and ancillary services within the scope of the benefit plans.	Alpha Prefix = XOH*	Medical Groups/IPAs contract with PCPs and specialists throughout the state. PCPs refer members to HMOI contracted facilities.	The IPA or the Medical Group monitors Utilization Management.	PCP must authorize, in writing, medical referrals to facilities or specialists. The only exceptions are medical emergencies and chemical dependency services. Members who go outside network assume the cost of care.
BlueAdvantage HMO***	A dual option product that is a subset of the HMO Illinois network. This plan may be paired with BlueAdvantage PPO. Plan operates similarly to HMO Illinois with a more affordable premium.	Alpha Prefix = XOH*	Medical Groups/IPAs contract with PCPs and specialists throughout the state. PCPs refer members to BlueAdvantage HMO contracted facilities.	The IPA or the Medical Group monitors Utilization Management.	PCP must authorize, in writing, medical referrals to facilities or specialists. The only exceptions are medical emergencies and chemical dependency services. Members who go outside network assume the cost of care.
BlueAdvantage Entrepreneur (BAE) HMO***	A product for small businesses with 2-99 employees. Similar to HMOI, the PCP directs and approves all care for the member.	Alpha Prefix = XOH*	In the Chicago metro area PCP must refer the BAE HMO member to a facility within the BlueAdvantage HMO network. In the statewide area, PCP must refer the BAE HMO member to a facility within the HMOI network.	The IPA or the Medical Group monitors Utilization Management.	PCP must authorize, in writing, medical referrals to facilities or specialists. The only exceptions are medical emergencies and chemical dependency services. Members who go outside network assume the cost of care.
BluePrint HMO Illinois and BluePrint BlueAdvantage HMO	BluePrint is a health benefit program tailored for groups with 100-500 employees.  BluePrint employer groups have the option of choosing the HMOI network or the BlueAdvantage HMO network.  <b>Note:</b> See HMOI or BlueAdvantage HMO—All requirements for BluePrint HMO and BluePrint BlueAdvantage HMO are the same.	Alpha Prefix = XOH*  Note: The BluePrint HMO and BluePrint BlueAdvantage HMO identification cards are identical to the HMOI or BlueAdvantage HMO identification cards.	BluePrint members use the appropriate network: HMOI or the BlueAdvantage HMO network.	The IPA or the Medical Group monitors Utilization Management.	PCP must authorize, in writing, medical referrals to facilities or specialists. The only exceptions are medical emergencies and chemical dependency services. Members who go outside network assume the cost of care.
<b>Other Products</b>					
National Accounts***	National Accounts are employer groups that have offices or branches in more than one area, but offer uniform coverage benefits to all of their employees.	Alpha Prefix usually relates to the group name	Plan may use the PPO hospital and physician network or the BlueChoice provider network.	Precertification and UM required through our MSA Department.	If the benefit plan is BlueChoice, follow the same BlueChoice referral guidelines.
Federal Employee Program (FEP)***	FEP offers two benefits options:  <b>Basic Option:</b> Must use the PPO providers. No out-of-network benefits. <b>Standard Option:</b> Must use PPO network to receive maximum benefits. May use out-of-network providers but will have reduced benefits.	PPO card with R followed by an 8 digit identification prefix. Group number is always FEP.  - <b>Basic Option:</b> US map logo on ID card - <b>Standard Option:</b> PPO logo in US map on ID card	The network is comprised of PPO contracted physicians. The facility network is comprised of PPO hospitals, mental health facilities, laboratories, and pharmacies.	Precertification and UM required through our MSA Department.  Precertification for inpatient hospital services is provider driven. It is the hospital's not the member's responsibility to contact the MSA department for precertification.	When it is medically necessary, physicians should refer patients with PPO benefits to PPO network providers.
Illinois Comprehensive Health Insurance Plan (ICHIP)***	A benefit plan offered to certain Illinois residents denied coverage by private insurers. ICHIP provides a traditional medical plan for persons who are not Medicare eligible and a PPO plan for members who are Medicare eligible.	Alpha Prefix = XOT Alpha Prefix = XOF*	Members with PPO coverage must use the PPO network for comprehensive benefits. Benefits are reduced when out-of-network providers are used.	Precertification and UM required through our MSA Department for inpatient hospital services. Precertification is required for Home Health Care, Human Organ Transplantation and Chemical Dependency Rehabilitation. If these services are not precertified, benefits will not be paid.	Out-of-network referrals result in reduced benefits for the member. Providers should refer members to in-network PPO professional providers and facilities.
Medicare Supplemental***	A plan that expands upon Medicare coverage by providing benefits not included under Medicare. Available to Illinois residents age 65 and older.	Alpha Prefix = XOS-Individual XOS Group Numbers: 69901-69999 32930-32937 XON-Group, Some older cards may have XOT	For Standard Option Plans, members can choose their own doctors and hospitals for treatment.	NA	NA
Medicare Select***	A network of hospitals that has agreed to waive the beneficiary's Medicare Part A deductible. This product is only available to people living within a 30-mile radius of a Medicare Select participating hospital.	Group Numbers: 69946-69950	For Med-Select Plans, members choose their own doctor, but in order to receive a waiver for the Medicare Part A deductible, Med-Select hospitals must be used.	NA	NA
*Most PPO Hospital Networks and PPO and HMO accounts migrated to the PPO Portability BlueCard Program. The identification for PPO is a "PPO suitcase logo". The identification for HMO is an "empty suitcase logo". Please see BlueCard Provider Manual or the BlueCard Reference Guide for more details on the BlueCard Program. Both can be obtained on the Provider Web site at <a href="http://www.bcbsil.com">www.bcbsil.com</a> .					
**Information on benefits and copayments for the above PPO products is as follows: Subscribers must use participating providers to receive comprehensive benefits. Failure to use a participating provider will result in a reduction of benefits. Specific benefits may vary according to individual or employee contracts. Providers should access the following online function: NDAS Online or call the Provider Telecommunications Center (PTC) at (800) 972-8088 for specific subscriber benefits and copayments.					
***Information on benefits and copayments for the above products is as follows: Subscribers enrolled in a managed care product must select a participating PCP who provides services and coordinates all health care needs with participating providers within the product network. BlueChoice subscribers receive a reduction of benefits when they use out-of-network providers. HMO subscribers who go outside of the network assume the entire cost of care. Providers should access the online function: NDAS Online or call the Provider Telecommunications Center (PTC) at (800) 972-8088 for specific subscriber benefits and copayments.					