

# PPO

Participating Provider Option



*Experience. Wellness. Everywhere.<sup>SM</sup>*

ITW Medical Plan

From Blue Cross and Blue Shield of Illinois



BlueCross BlueShield  
of Illinois



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## **URAC Accreditation**

Blue Cross and Blue Shield of Illinois has been awarded accreditation for Utilization Management from URAC. URAC is a non-profit agency that promotes accountability in managed care.



This brochure highlights the benefits provided under the ITW Medical Plan. Refer to your Summary Plan Description for more specific details on your plan. If any discrepancy exists between the official plan documents and this brochure, the plan documents will govern.

## Welcome to the ITW Medical Plan!



# PPO | Plan



## A Leader in Health Care Benefits

When you choose the ITW Medical Plan administered by Blue Cross and Blue Shield of Illinois, you get a comprehensive health care benefit plan and the resources to make informed decisions about your health.

ITW offers you the ITW Medical Plan through Blue Cross and Blue Shield of Illinois (BCBSIL). Although the ITW Medical Plan is contracted in Illinois, participants have **nationwide** access to physicians and hospitals through the BlueCard® PPO provider network. Across the country, about one in three Americans trust Blue Cross and Blue Shield Plans for coverage locally and when they travel.

### PPO Plan

The ITW Medical Plan offers you a broad range of benefits, access to one of the largest provider networks in the country and flexibility. When you receive care from a PPO network provider, there are no claim forms to complete and no balance billing because contracting PPO providers have agreed to accept the negotiated rates as payment in full. You are responsible for the out-of-pocket expenses such as deductible, copayment, coinsurance and non-covered services.

You don't need to select a primary care physician to coordinate your care and you don't need a referral to see a specialist. You can choose a physician each time you need care. Just be sure to confirm that the physician or hospital is part of the contracting PPO network to receive the highest level of benefits. You always have the option to receive care outside the network, but your benefits will be paid at a lower level and you may be subject to balance billing from the doctor or hospital. When you are balance billed, you are responsible for the amount over the Blue Cross and Blue Shield negotiated rate in addition to the out-of-pocket expenses such as deductible, copayment, coinsurance and non-covered services.

Across the country, about  
**one in three Americans**  
put their trust in a  
**Blue Cross and Blue Shield Plan**  
for coverage locally  
and when they travel.





A kid at college  
or a family trip –

**PPO provides coverage**  
when you're  
away from home.



# Benefits | Overview

PPO members have access to nearly 500,000 contracting physicians and specialists and more than 5,000 contracting hospitals across the country.

Your Plan includes coverage for:

- Office visits
- Wellness care for adults (such as cancer screenings and check-ups)
- Wellness care for children (such as childhood immunizations and well-baby care)
- Emergency care benefits
- Hospital and surgical care
- Maternity care
- Diagnostic testing
- Mental health and chemical dependency services

## Predetermination of Benefits

Although not required, you are *strongly encouraged* to contact a customer advocate prior to receiving care for help in confirming that a service or procedure is covered and how benefits will be paid under the ITW Medical Plan. Contact a customer advocate at (800) 325-0320.

## Provider Network

Among the advantages of the ITW Medical Plan is the large network of contracting providers in the national BlueCard provider network. You have access to contracting health care providers that include hospitals, physicians, specialists and alternative care practitioners. To find a contracting doctor or hospital, just go to the Web site at [www.bcbsil.com/ITW](http://www.bcbsil.com/ITW) and use the Provider Finder®. You can get maps and driving directions and even print your own personalized directory.

## Important Medicare Information

If you or your covered dependents are eligible for Medicare, Medicare becomes the primary payer for you or your covered dependents' medical benefits when you are no longer an active ITW employee and the ITW Medical Plan becomes the secondary payer. Generally, you are no longer an active employee when you are on long-term disability, retire, or terminate employment. If you have questions, contact your local ITW Human Resources Representative.

Once you are no longer an active employee, you and/or your dependent should enroll in Medicare Parts A and B as soon as possible. You or your dependent have the option to decline Medicare Part B coverage, but that means you will not receive maximum benefit coverage through the ITW Medical Plan and you will pay higher out-of-pocket expenses to make up for what Medicare Part B would have paid.

Contact a customer advocate at (800) 325-0320 to ask questions about how Medicare Parts A and B coordinate with the ITW Medical Plan.



## Benefits Overview *continued*

### **Emergency Care**

In an emergency, you should seek care from the nearest emergency room or other similar facility. An emergency is generally defined as a medical condition that has symptoms of an illness or injury serious enough to make you, as a prudent layperson with an average knowledge of health and medicine, believe that any delay in seeking care may result in significant impairment or death. You will receive the same level of coverage regardless of the provider's network status.

Call the toll-free customer service number on the back of your ID card if you have questions about your benefits.





## National and International Coverage

### National

You have nationwide access to contracting providers in the PPO networks through the BlueCard Program when you or your covered dependents live, work or travel anywhere in the country. The national PPO network includes more than 85 percent of all physicians and hospitals in the country. Be sure to use a PPO network provider to receive the highest level of benefits.

With the BlueCard Program, there are two ways to locate contracting doctors and hospitals:

- Visit the Web site at [www.bcbsil.com/ITW](http://www.bcbsil.com/ITW) to find provider names and locations using the Provider Finder. Maps and driving directions are also available.
- Call the toll-free customer service number, (800) 325-0320.

### International

When you travel outside the United States and need medical assistance services, call (800) 810-BLUE (2583) or call collect (804) 673-1177 for information. Blue Cross and Blue Shield has contracts with doctors and hospitals in more than 200 countries. An assistance coordinator, in conjunction with a medical professional, can arrange your doctor's appointment or hospitalization, if necessary.

At BlueCard Worldwide® hospitals, in most cases, you will not have to pay up front for inpatient care. You are responsible for the out-of-pocket expenses such as deductible, copayment, coinsurance and non-covered services. The hospital should submit your claim.

You also have coverage at non-contracting hospitals, but you will have to pay the doctor or hospital for care at the time of service. Then submit an international claim form with original bills.

### Claim Forms

You can get claim forms from your employer, customer service at (800) 325-0320 or at [www.bcbsil.com/ITW](http://www.bcbsil.com/ITW).

PPO members have access to care anywhere they live, work or travel – across the country and around the world.



## Benefits Overview *continued*

### Online Tools Help You Manage Your Health and Your Health Care

After you've enrolled in the ITW Medical Plan, register for Blue Access® for Members at [www.bcbsil.com/ITW](http://www.bcbsil.com/ITW). This secure online service lets you view your Explanation of Benefit (EOB) information and confirm who is covered under your plan. Another feature gives you the option of receiving an e-mail when a claim for you or a covered dependent has been finalized by Blue Cross and Blue Shield. You can access EOB information online for up to 12 months and opt out of receiving paper copies.

#### Other tools for members:

- *Hospital Comparison Tool* — access individual hospital's outcome data for specific diagnoses and procedures. Quickly compare hospital performance factors such as average length of stay, how many procedures the hospital has performed, complication rates and the cost of various procedures.
- *Treatment Cost Advisor* — obtain cost information for common health care services based on demographic and geographic data.
- *Personal Health Manager* — take control of your health by using these resources:
  - Take a health risk assessment
  - Set up your personal health record
  - Access wellness and condition specific information
  - Earn Blue Points<sup>SM\*</sup>, redeemable for gift cards to retailers, health and wellness products, an iPod and other products

### BlueExtras<sup>SM</sup>

Through the BlueExtras discount program, you and your covered dependents are eligible to save money on value-added health care products and services that help support healthy lifestyles. There are no claims to file, no referrals and no pre-authorizations. Go to Blue Access for Members at [www.bcbsil.com/itw](http://www.bcbsil.com/itw) for more information about your BlueExtras discounts.

### Vision Discount Program

Save on eye exams and eyewear, including frames, lenses, lens options and permanent contact lenses through Davis Vision's national network of ophthalmologists, optometrists and opticians. The network includes major national and regional retail locations, such as EyeMasters and Visionworks, as well as independent eye care professionals. Members can also receive network discounts at Wal-Mart stores. For more information, contact Davis Vision customer service at (877) 393-8844.

An array of online tools help PPO members get the most from their health care benefit plan.

\*Blue Points program rules are subject to change without prior notice.



You can also save on laser vision correction services at significant discounts through the TruVision network. For more information or to schedule an appointment, call TruVision customer service at (866) 484-2020.

The Lens 1 2 3<sup>®</sup> Mail Order Contact Lens Replacement Program is a fast and convenient way to purchase replacement contact lenses at significant savings. Call (800) LENS-123 or visit [www.lens123.com](http://www.lens123.com) for more information.

### Hearing Discount Program

Save on digital hearing aids and have your hearing tested for no additional charge when performed for the purpose of fitting a hearing instrument by a licensed specialist. Enjoy a 45-day money back guarantee, a two-year warranty and a selection of hearing aid styles at various price levels. The discount program is also available to your parents and grandparents who are not enrolled in a BCBSIL plan. For more information, contact TruHearing customer service at (866) 687-2020.

### Weight Management Discount Programs

#### Jenny Craig

Jenny Craig is a long-term food/body/mind solution that can help you manage your weight by teaching you how to create a healthy relationship with food, build an active lifestyle and develop a balanced approach to living.\* To find the nearest Jenny Craig Centre, or to enroll in Jenny Direct—the at-home program—call (800) 597-Jenny (800-597-5366) or visit the Jenny Craig Web site at [www.jennycraig.com](http://www.jennycraig.com).

#### Curves

Curves offers a 30-minute workout that combines strength training and sustained cardiovascular activity through safe and effective resistance equipment.\* Curves has made exercise available to more than four million women, many of whom are in the gym for the first time. For more information about Curves and to find the locations nearest you, visit the Curves Web site at [www.curves.com](http://www.curves.com) or call (800) CURVES-30/(800-287-8373).

### Complementary Alternative Medicine Discount Programs

Complementary Alternative Medicine (CAM) includes a variety of therapies that may help to increase wellness, prevent illness and address existing symptoms and conditions. Through BlueExtras, you're automatically eligible to receive discounts from a network of more than 35,000 practitioners, spas and wellness and fitness centers. You're also eligible to receive discounts on vitamins, herbal supplements and health-related magazines. Note that your plan may provide benefits for chiropractic, physical, occupational and other therapies, as well as certain registered dietitian services.

*The relationships between Blue Cross and Blue Shield of Illinois and Jenny Craig, Curves, Davis Vision, TruVision and TruHearing are of independent contractors.*





## Healthy Expectations

includes a 24-hour,  
toll-free **BabyLine.**

## Benefits Overview *continued*



### Healthy Expectations®

Healthy Expectations prenatal program is designed to provide you with educational information and support throughout your pregnancy. Healthy Expectations includes:

- 24-hour, toll-free BabyLine staffed by maternity nurses
- educational materials specific to your needs
- an e-mail newsletter every two weeks beginning at your 13th week of pregnancy
- access to an online health information library

Just call (800) 325-0320 during your first trimester (12 weeks) to enroll and complete an initial health assessment. You'll receive *The Good Housekeeping Illustrated Book of Pregnancy and Baby Care*. After you complete the final questionnaire (within seven weeks after your baby is born), you'll receive a \$50 gift card valid at any Toys "R" Us or Babies "R" Us.

### Special Program Features

The ITW Medical Plan includes the Medical Services Advisory (MSA) and Mental Health and Chemical Dependency (MH/CD) Services.

#### Medical Services Advisory (MSA)

The Medical Services Advisory provides prenotification and medical review for inpatient hospital stays and maternity care. The toll-free telephone number is (800) 325-0320. Under the ITW Medical Plan, you are required to contact the MSA in certain instances:

**Inpatient hospital admission** – Call the MSA if your doctor recommends inpatient care for you or one of your covered dependents. Depending on your condition, you may be able to receive outpatient treatment and avoid a hospital admission. This may save you money while you still receive the care you need. The MSA will consult with your doctor to determine if outpatient care is appropriate and will follow up with your care givers on your progress. If a hospital admission is appropriate, MSA will confirm the length of stay approved.

**Inpatient surgery** – Call the MSA if your doctor recommends inpatient surgery. The MSA will review your case and determine if a second opinion is required. If a second opinion is necessary, the MSA will give you a list of local specialists qualified to consult on your case. Call as soon as your doctor recommends surgery, so you will have plenty of time to get the second opinion, if needed. The second opinion is designed to help you make a decision about the surgery. The final decision is yours regardless of the other doctor's opinion. Just remember to contact the MSA once you've made your decision.

**Emergency hospital admission** – Call the MSA within two business days after an emergency hospital admission. You are responsible for making sure someone calls the MSA, but the call can be made by a family member, your doctor or the hospital. In certain circumstances, you might not be able to make the call yourself, so it's a good idea to

### Reconstructive Surgery Following Mastectomy

Federal legislation requires group health plans and health insurers to provide coverage for reconstructive surgery following a mastectomy. Specifically, these laws state that health plans that cover mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications for all stages of mastectomy, including lymphedemas.



## Benefits Overview *continued*

share the number with a trusted friend or family member.

**Within the first trimester (12 weeks) of your pregnancy** – Call the MSA once you learn you are pregnant. The customer advocate will also be able to share information with you about the Healthy Expectations maternity program. The MSA will help monitor your condition throughout your pregnancy and will confirm the approved length of stay for your delivery. You should call the MSA within two days of being admitted to the hospital to deliver your baby to receive full benefits. If you or your baby require additional days in the hospital, you should notify the MSA.

*If you do not call the MSA in these instances, you will have to pay an additional copayment for covered charges.*

### Mental Health and Chemical Dependency (MH/CD) Services

When your doctor recommends inpatient or outpatient mental health or chemical dependency treatment, you must call MH/CD Services for prenotification before you receive treatment. Clinical reviewers are available 24 hours a day, 7 days a week toll-free at (800) 325-0320.

A MH/CD representative will contact the provider of services to determine medical necessity and/or approve your treatment plan. MH/CD Services will monitor your treatment and request updates as needed. To help ensure that you receive the most appropriate and the highest level of benefits, call MH/CD Services and follow the instructions.

*If you do not call the MH/CD Advisory, you will have to pay an additional copayment for covered charges.*

### How to Receive Care

#### Your Identification (ID) Card

After you enroll, you will receive an ID card from BCBSIL. Your ID card has important information that gives you and your covered dependents access to care locally and when traveling. The front of





the card includes the member name, identification number (this is not the same as the member's Social Security number) and group number. The back of the card lists the toll-free customer service number, (800) 325-0320.

The “suitcase” on the front of the card tells the provider that you have access to the national BlueCard provider network. Show this card whenever you or your covered dependents seek medical care to help ensure that claims are filed correctly and you receive the highest level of benefits.

### Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) Statement is a notification form sent to members every time Blue Cross and Blue Shield of Illinois processes a health care benefits claim. The EOB includes four major sections:

- **Claim Information** includes the member and patient name, the member's group and ID number, and the claim number.
- **Summary** highlights the major financial information – the amount billed, total benefits approved and the amount you may owe the provider.
- **Service Information** identifies the health care facility or physician, dates of service and charges.
- **Coverage Information** shows what was paid to whom, what discounts and deductions apply, and what part of the total expense was not covered.

Your EOBs are available online at [www.bcbsil.com/ITW](http://www.bcbsil.com/ITW) after you register for Blue Access for Members. You can also contact a customer advocate at (800) 325-0320 if you have any questions about your EOB.

### Benefit Questions and Customer Advocacy

You have a dedicated service unit staffed with customer advocates who understand all the details of your health care benefit plan. You can call them toll-free at (800) 325-0320 Monday through Friday, between 8:00 a.m. and 6:00 p.m., Central time.

Whom do I call with questions about my benefits or about what services are specifically covered under my Plan?

Call a BCBSIL customer advocate at (800) 325-0320.

How do I find a doctor in the PPO network?

Go to [www.bcbsil.com/ITW](http://www.bcbsil.com/ITW) and use the Provider Finder or call customer service at (800) 325-0320.

Do I need a referral from my doctor to see a specialist?

No. You can see any doctor at any time without a referral, but it is important to use contracting network providers to receive the highest level of benefits and avoid balance billing.

What happens if I am admitted to the hospital in an emergency?

Treatment of your emergency condition is always the priority. You will receive the same level of coverage regardless of the provider's network status. If you are admitted to the hospital following your emergency room visit, you or someone you designate should call the Medical Services Advisory at the toll-free number on your ID card.

Do I need to call the MSA if I plan to visit my doctor?

No. Your ITW Medical Plan does not require you to call the MSA for normal office visits or outpatient surgery.

What if I'll only be in the hospital for a couple of days? Do I still need to call the MSA or MH/CD Services?

Yes. It is possible that outpatient care may offer more appropriate treatment and may save you money. If you are admitted to the hospital in an emergency and discharged the next day, you must call the MSA or MH/CD Services to make them aware of your hospitalization. If you receive outpatient surgery and your doctor feels you should stay overnight in the hospital, a call to the MSA is required.

Do I need to call the MSA personally?

No. A family member, friend, your physician, or the hospital may make the call for you, however it is your responsibility to ensure the call is made.

What if the second opinion doctor says I don't need surgery?

You have three options:

1. You can still have the surgery, but you must call the MSA again.
2. You are entitled to a third opinion. Just call the MSA to arrange it.
3. You can decide not to proceed with the surgery.

Are my medical records kept confidential?

Yes. Blue Cross and Blue Shield is committed to keeping all specific member information confidential, especially your medical records. Anyone who may need to review the records, such as health care practitioners or Blue Cross and Blue Shield staff, is required to keep your information confidential. Your medical record or claims data may be reviewed (for example, as part of an appeal that you request). If so, every precaution will be taken to keep your information confidential. In many cases, your identity will not be associated with this information.



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