



**BlueCross BlueShield
of Illinois**



Blue Cross and Blue Shield of Illinois

Information Guide for 2016 Annual Enrollment



Welcome

At Blue Cross and Blue Shield of Illinois (BCBSIL) we want to help you get the most from your benefit plan. Please review information in this guide as you prepare for 2016 Annual Benefits Enrollment. For additional information, review the Summary Plan Descriptions and Summary of Benefit and Coverage (SBC) on Sprint's intranet site at i-Connect>Life & Career, sprint.com/benefits or bcbsil.com/sprint.

What's new for 2016

- Choose from three plan options: Basic Plan with HSA, Health Account Plan (HRA) and Consumer Access Plan.
- Review each plan carefully as some benefits may have changed from last year.
- Refer to the last page for contact information when you have questions.

More doctors to choose from

When you choose BCBSIL, you'll have access to one of the largest independently contracted provider networks in the country, which should make it easy to find a network doctor or hospital wherever you live or when you travel anywhere in the United States.

Use Provider Finder® to help you make smart choices at bcbsil.com/sprint. Find a network doctor, hospital or other facility.

Lower out-of-pocket costs

Access to large nationwide networks of doctors and hospitals means more choices to find network care. This saves you time and money:

- Benefits are paid at a higher level.
- There are no claim forms to complete.
- You are not responsible for any charges above the Blue Cross and Blue Shield negotiated fee or allowable amount.
- After you meet your annual deductible, your coverage begins. Your only other out-of-pocket expenses are any plan-specific copayments and coinsurance for covered benefits, plus any charges for non-covered services.

Quality of care is a top priority

We've worked hard to find specialty care for you. Hospitals and medical facilities that meet specific quality standards have earned the Blue Distinction® designation, giving you a credible, easily identifiable means of selecting facilities that meet your individual health care needs.

Each Blue Distinction® Center has demonstrated its commitment to quality care, resulting in better overall outcomes for patients. Facilities designated Blue Distinction® Center+ meet the same quality standards and are noted for delivering cost-effective care.

Blue Distinction Centers are available for these specialty health care services:

- Bariatric surgery*
- Cardiac care
- Transplants*
- Complex and rare cancers
- Knee and hip replacement surgery
- Spine surgery

To search for Blue Distinction Centers, click the "Doctors and Hospitals" tab at bcbsil.com/sprint.

* Sprint employees with coverage through BCBSIL must go to a Blue Distinction Center or Blue Distinction + Center for transplants. Sprint employees enrolled in the Basic Plan with HSA or the Health Account Plan must use a Blue Distinction Center or Blue Distinction Plus Center for bariatric surgery.



Compare the Plans

The Basic Plan with HSA is a consumer-directed health care plan that helps you achieve your health and financial goals. It is a “high-deductible plan” qualified to be compatible with a Health Savings Account (HSA). You and Sprint make deposits to your personal HSA, and you decide either to pay for eligible health care expenses with tax-free dollars or save the tax-free earnings for later. You will receive a debit card from the HSA vendor, BenefitWallet™.

Sprint Funding – Sprint contributes up to \$500 over the calendar year (\$1,000 for family coverage tiers) if you open an account and contribute a minimum of \$24 per year through payroll deductions.

Tax Savings – Contributions, potential account earnings and distributions for qualifying health care expenses are exempt from federal and most state income taxes; payroll deduction contributions are exempt from FICA taxes.

Deductible – You have a deductible to meet each calendar year before your health plan benefits begin. If enrolled in family coverage, the full family deductible amount must be satisfied before the plan begins to share in coinsurance. You can decide to use your HSA to pay for your deductible expenses, which include services like physician office visits, outpatient surgery and diagnostic testing. The HSA can be used for other qualified expenses as well, such as dental, vision and prescription drugs. After you meet the deductible, the plan will begin paying coinsurance. For services received from network providers, the plan pays 80 percent and you are responsible for 20 percent. If you use out-of-network providers, the plan's coinsurance is 60 percent and your responsibility is 40 percent.

Out-of-Pocket Maximum – This amount is the most money you have to pay yourself during the year. If you reach the out-of-pocket maximum, the plan will pay 100 percent of all eligible expenses for the rest of the year.

Preventive Care – Services for adults and children are covered when you use network providers. You don't need to meet the deductible to enjoy these benefits.

Control – You decide when, where and how your HSA dollars are spent. By being a savvy consumer, you can use the HSA to help you spend wisely.

Portability – Your HSA belongs to you. Unused funds remain in your account if you change health plans, jobs, or if you retire.

The Health Account Plan is a plan with a Health Reimbursement Account (HRA) to help cover the medical and prescription drug expenses you pay out of pocket, such as the deductible and coinsurance. Sprint funds the HRA. The HRA funds are used automatically to pay for medical claims in 2016. You can also use your HRA payment card for prescription drugs.

Sprint Funding – The HRA is an account funded by Sprint (you are not allowed to contribute to the HRA). Sprint contributes \$800 for individual plans and \$1,600 for family plans to the HRA.

The HRA – New for 2016, the HRA will be administered by ConnectYourCare (CYC).^{*} The funds from Sprint are used to pay for your first health care expenses, including qualified prescription drug expenses. Money spent from the HRA counts toward your annual deductible or coinsurance (if you have rollover HRA funds from the previous year).

Deductible – You have a deductible to meet each calendar year before your health plan benefits begin. If enrolled in family coverage, the full family deductible amount must be satisfied before the plan begins to share in coinsurance. The HRA funds will automatically be used to pay the first part of the deductible each year and then you are responsible for the remainder of the deductible to satisfy the balance. Eligible expenses include services like physician office visits, outpatient surgery and diagnostic testing.

Preventive Care – Services for adults and children are covered when you use network providers. You don't need to meet the deductible to enjoy these benefits.

HRA Rollover – The HRA funds that are not used this plan year will roll over and can be used during the next plan year. Any unused funds from 2015 will roll over into the 2016 plan year. Your HRA can have a maximum of \$3,000 for individual plans and \$6,000 for family plans.

Please note: If you were enrolled in the Consumer Access Plan with HRA, administered by BCBSIL in 2015, your HRA dollars **will not roll over** into this plan for 2016. If you were enrolled in the Health Account Plan, administered by United Healthcare in 2015, unused HRA funds **will roll over** into this plan for 2016.

^{*}Services are provided by an independent company and not BCBSIL. Sprint contracts directly with ConnectYourCare.

The Consumer Access Plan

The plan offers a wide range of benefits and the flexibility to choose any doctor or hospital when you need care. The plan includes an annual deductible that you must satisfy before your benefits begin. Qualified medical and prescription drug expenses are applied toward your deductible.

Deductible – You have a deductible to meet each calendar year before your health plan begins paying coinsurance. For services received from network providers, the employee-only deductible is \$1,000 and the family deductible is \$2,000. Eligible expenses include services like physician office visits, outpatient surgery and diagnostic testing.

Preventive Care – Services for adults and children are covered when you use network providers. You don't need to meet the deductible to enjoy these benefits.

	Basic Plan (HSA Plan)		Health Account Plan (HRA Plan)		Consumer Access Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Health Savings Account	A tax-exempt savings account. Employees who open an HSA and contribute at least \$24 (spread out equally over their 2016 paychecks) will receive additional funding from Sprint (provided in equal increments across 2016 paychecks and pro-rated for partial-year enrollment): \$500/employee-only coverage \$1,000/family coverage tiers		Not available with Health Account Plan		Not available with Consumer Access Plan	
Health Reimbursement Account	Not available with the Basic HSA Plan		Funded 100% by Sprint, your HRA pays for eligible medical and prescription drug expenses before you pay anything out of pocket. Funded amount (pro-rated for partial-year enrollment) \$800/employee-only coverage \$1,600/family coverage tiers (If you enroll during the plan year, these funds will be pro-rated based on remaining months of the year)		Not available with Consumer Access Plan	
Annual Carryover Maximum for Health Funding Account	No carryover maximum for Health Savings Account		The maximum amount you can carry over from year to year in the Consumer Access Plan's Health Reimbursement Account is: \$3,000/Individual \$6,000/Family		Not applicable	
Annual Deductible	\$1,850/Individual \$3,700/Family	\$3,700/Individual \$7,400/Family	\$1,900/Individual \$3,800/Family	\$3,800/Individual \$7,600/Family	\$1,000/Individual \$2,000/Family	\$2,000/Individual \$4,000/Family
Individual or Family Deductible	Individual deductible applies only for employee-only coverage If enrolled in any coverage level covering dependents, the Family deductible must be met before coinsurance benefits apply HSA funds may be used to satisfy the network deductible		Individual deductible applies only for employee-only coverage If enrolled in any coverage level covering dependents, the Family deductible must be met before coinsurance benefits apply HRA funds may be used to satisfy the network deductible		Individual deductible applies only for employee-only coverage. If enrolled in any coverage level that includes dependents, the Family deductible must be met before coinsurance benefits apply.	
Deductible Applies to...	Eligible medical and prescription drug expenses		Eligible medical and prescription drug expenses		Eligible medical and prescription drug expenses	
Annual Out-of-Pocket Limit	\$4,000/Individual \$8,000/Family*	\$8,000/Individual \$16,000/Family	\$3,750/Individual \$7,500/Family*	\$7,500/Individual \$15,000/Family	\$3,400/Individual \$6,800/Family	\$6,800/Individual \$13,600/Family
Out-of-Pocket Limit Applies to...	Eligible medical and prescription expenses		Eligible medical and prescription drug expenses		Eligible medical and prescription drug expenses	
Preventive Care	100%	Limited benefits covered at Out-of-Network	100%	Limited benefits covered at Out-of-Network	100%	Limited benefits covered at Out-of-Network
Primary and Specialist Office Visits	20% coinsurance after your deductible is met	40% coinsurance after your deductible is met (plus any amounts over allowable charges)	20% coinsurance after your deductible is met	40% coinsurance after your deductible is met (plus any amounts over allowable charges)	20% coinsurance after your deductible is met	40% coinsurance after your deductible is met (plus any amounts over allowable charges)
Urgent Care and Retail Clinics	20% coinsurance after your deductible is met	40% coinsurance after your deductible is met (plus any amounts over allowable charges)	20% coinsurance after your deductible is met	40% coinsurance after your deductible is met (plus any amounts over allowable charges)	20% coinsurance after your deductible is met	40% coinsurance after your deductible is met (plus any amounts over allowable charges)
Emergency Room Services (True Emergency – as determined by plan administrator)	20% coinsurance after your deductible is met		20% coinsurance after your deductible is met plus \$125 copay (plus any amounts over allowable charges)		20% coinsurance after your deductible is met plus \$125 copay (plus any amounts over allowable charge)	
Emergency Room Services (Non-Emergency – as determined by plan administrator)	40% coinsurance after your deductible is met (plus any amounts over allowable charges)		40% coinsurance after your deductible is met plus \$125 copay (plus any amounts over allowable charges)		40% coinsurance after your deductible is met plus \$125 copay (plus any amounts over allowable charges)	
Inpatient and Outpatient Facilities	20% coinsurance after your deductible is met	40% coinsurance after your deductible is met (you pay 40% plus any amounts over allowable charges)	20% coinsurance after your deductible is met	40% coinsurance after your deductible is met (plus any amounts over allowable charges)	20% coinsurance after your deductible is met	40% coinsurance after your deductible is met (plus any amounts over allowable charges)
Bariatric Services	50% coinsurance after deductible. You must use a Bariatric Blue Distinction Center if available within 150 miles and meet Medical Criteria.	Not covered	50% coinsurance after deductible. You must use a Bariatric Blue Distinction Center if available within 150 miles and meet Medical Criteria.	Not covered	Not covered	
Infertility Medical Treatment	20% coinsurance after your deductible is met up to a \$7,500 lifetime maximum on ART services.	For diagnosis office visits ONLY: 40% coinsurance after deductible. No ART services covered.	20% coinsurance after your deductible is met up to a \$7,500 lifetime maximum on ART services.	For diagnosis office visits ONLY: 40% coinsurance after deductible. No ART services covered.	For diagnosis office visits ONLY: 20% coinsurance after deductible. No ART services covered.	For diagnosis office visits ONLY: 40% coinsurance after deductible. No ART services covered.

*The Plan contains an embedded individual out-of-pocket limit within the family network out-of-pocket limit, meaning that if one family member incurs network costs that exceed \$6,850, the Plan will pay 100% of that family member's remaining network expenses for the calendar year, even if the aggregate out-of-pocket network expenses of all family members have not reached the cost-sharing limit for family coverage.

Convenient Tools and Programs for BCBSIL Members

Help when you need it most

BCBSIL is here to help you make the most of your benefits and find the quality care you deserve. You'll have access to a team of people who can help guide you through your medical situation and answer your questions. You also have a wealth of resources and information at your fingertips to help you learn more about conditions that affect you.

Blue Care Connection® programs

Blue Care AdvisorsSM (registered nurses and other health care professionals) work with you and your doctor if you are at risk for or already have one or more of these chronic conditions:

- Congestive heart failure
- Chronic obstructive pulmonary disorder
- Coronary artery disease
- Asthma
- Diabetes
- Hypertension
- Back pain care

Support services are also available for cancer, bariatric surgery, neonatal and transplants.

A maternity program, called Special Beginnings® offers expectant mothers ongoing support and education from prenatal to postpartum care, including convenient online and mobile tools and educational materials.

24/7 Nurseline

Registered nurses are available to take your call any time, day or night, if you have a health question. If an unexpected medical situation arises, a nurse can help you decide if you should seek care from your doctor or another facility, or treat the problem yourself. The toll-free number - 800-299-0274 - is also on your ID card.

BenefitWallet – HSA administrator for the Basic Plan

The HSA administrator has a new medical expense management tool for 2016 called "Simplee." You can save time and money with this online system that allows you to track, review and pay medical claims and bills for your medical, prescription drug, dental and vision providers all in one place. Learn more at mybenefitwallet.com.

ConnectYourCare (CYC)± – HRA administrator for the Health Account Plan

ConnectYourCare features include:

- Online and mobile account access
- Health education tools
- Payment card
- Easy access to funds

Search "ConnectYour Care mobile" in the iTunes App Store or Google Play Store to download the CYC mobile app.

Using the CYC HRA funds

Using your HRA funds is a simple process:

- Medical claims are set up to pay automatically. Members should not pay for medical care at the time of service. The provider will submit the claim to BCBSIL and funds will automatically be deducted from the member's HRA to pay the provider. No substantiation is required.
- Prescription drug expenses can be paid with HRA. Just give your payment card to a qualified merchant or provider to pay for your purchase.

The IRS requires that all HRA purchases be verified as eligible expenses. Often, purchases are automatically verified when you use your payment card. Other times, CYC may ask you to submit itemized receipts, which can be done online or using the mobile app.

± Services are provided by an independent company and not BCBSIL.



Account information online

Blue Access for MembersSM (BAM) is our secure member website, offering you around-the-clock access to your health plan information, tools and online services.

When you register for BAM at bcbsil.com/sprint, you can:

- Check claims status
- Review Explanation of Benefits statements
- Confirm employee and dependent coverage
- Order a replacement ID card or print a temporary card

And much more!

Check out our free apps!

Text Go to 33633 to learn more.*

BCBSIL — access all our mobile websites and services in one convenient place

Centered — manage daily life stress and work toward being “centered” (available for iPhone 5s and newer models)

Blue365[®]

Blue365^{**} is just one more advantage of being a BCBSIL member. With this program, you can save money on health care products and services that are most often not covered by your benefit plan. There are no claims to file and no referrals or pre-authorizations.

Blue365 has a range of features and discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more. Once you register on the Blue365 website at blue365deals.com/BCBSIL, you will receive weekly “Featured Deals,” which will offer additional discounts from leading health companies and online retailers that are available for a short period of time.

Castlight Health[±] is a free, confidential health care platform that allows you to take control of your care and get the most for your money. With Castlight, you have the ability to compare cost estimates and quality metrics for doctors and facilities, review information about your medical and prescription benefits, view helpful tips to help manage your medical bills and find high-quality care. Visit mycastlight.com/sprint to register and take advantage of these services.

*Message and data rates may apply. Terms and conditions and privacy policy at bcbsil.com/mobile/text-messaging.

**Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/ or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program’s services or products. You may want to talk to your doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

± Services are provided by an independent company and not BCBSIL.



**BlueCross BlueShield
of Illinois**



Important Contact Information

BCBSIL Customer Service

877-284-1571
bcbsil.com/sprint

**Blue Care Connection Condition
Management Programs**

877-284-1571

BCBSIL 24/7 Nurseline

800-299-0274

**BenefitWallet HSA
Administrator for the Basic Plan**

877-635-5472
mybenefitwallet.com

**ConnectYourCare HRA
Administrator for the
Health Account Plan**

866-808-1444
connectyourcare.com

Castlight Health

800-681-6920
mycastlight.com/sprint

**CVS Caremark
(prescription drug benefits)**

855-848-9165
caremark.com

bcbsil.com/sprint