



Here's what you need to know about your new options

1. The federally required notice I recently received mentions rights and protections of the health care law that take effect for policies beginning in 2014. Please explain.

You received a required notice outlining what coverage is included in new 2014 policies that may not be included in your current policy. Here are some easy-to-understand details on the eight items listed in that notice.

- Your current policy is priced based on certain factors that aren't included in pricing for 2014 policies. This includes charging more for certain pre-existing health conditions. New 2014 policies are also limited in how gender, age and where you live factor into the price of your coverage.
- Starting in 2014, you are guaranteed you can get coverage if you apply for it. This could include coverage under an insurer, or through a government program such as Medicaid or CHIP. This guaranteed coverage isn't available for policies effective before 2014. If you haven't been able to get coverage for a family member, maybe due to a pre-existing condition, you will be able to through a new 2014 policy.
- New 2014 policies are also guaranteed to renew every year. You won't be required to re-apply unless you move to a new insurance carrier.
- If your current policy has excluded an adult family member because of a pre-existing condition, or if certain treatments are not covered due to a pre-existing condition, those limitations will go away if you move to a new policy. If you keep your current policy, those exclusions remain.
- In addition, with the new 2014 policies you can't be charged more for a person just because they have a pre-existing health condition.
- If your current policy doesn't cover certain types of providers, such as a psychologist or chiropractor, you may find they will be covered under a new 2014 policy. All licensed health professionals will be able to participate in the provider network within the scope of their license and terms of their provider agreement.
- New 2014 policies will all cover a comprehensive set of medical services, called essential health benefits, some of which your current policy may not cover. There may also be dollar limits on how much your current policy will pay on those benefits. Most of those limits are removed on the new 2014 policies.
- Most current policies don't cover your medical costs if you are receiving care as part of a clinical trial. New policies offer coverage to those participating in approved clinical trials.

2. What are essential health benefits?

Beginning in 2014, all new individual health insurance policies will cover certain health benefits. The new law defines this coverage as essential health benefits. Essential health benefits include:

- Outpatient services
- Emergency services
- Hospitalization



- Maternity and newborn care
- Mental health/substance abuse treatment
- Prescription drugs
- Rehabilitative services and devices
- Laboratory services
- Preventive services and chronic disease management
- Pediatric services, including oral and vision care

If you are considering keeping your current policy, be sure to ask about what the policy covers and any dollar and visit limits. This is especially important if you have a condition that requires ongoing medical care.

If a specific essential health benefit is already included in your current policy (for example, your policy already provides coverage for emergency services), that benefit will continue to be provided under your policy's terms and conditions, which could include dollar and visit limits.

3. For how long can I keep my current policy?

The new extension allows you to keep your current policy until Dec. 31, 2014, subject to federal and state laws, regulations and rulings.

4. I already enrolled in a new policy to be effective Jan. 1, 2014, but want to keep my current policy. What should I do?

If you want to keep your current policy and to cancel your new policy effective January 1, 2014, visit bcbsil.com/stayblue. Download and complete the "Request to Withdraw Enrollment in New 2014 Policy." Return the completed "Request to Withdraw Enrollment in New 2014 Policy" by email, fax or mail by **December 23, 2013**.

If you still want to move to the new policy you chose effective January 1, 2014, you do not need to do anything. We will consider your application for the new policy as your indication that you want to cancel your current policy and move to a new policy.

Important: If you do not return the completed "Request to Withdraw Enrollment in New 2014 Policy" by December 23, 2013, you will not be able to keep your current policy. Coverage under your new policy will start on January 1, 2014.

5. If I keep my current policy, will I receive new ID card(s) and information?

No, you will not receive new member ID cards and information for your current policy. You can continue to use the ID card(s) you have now. As always, if you need replacement ID cards you can order them online through Blue Access for MembersSM at bcbsil.com or by calling a Customer Advocate at 800-538-8833.

6. If I enroll in a new policy now, can I renew my current policy later?

No. Your current policy will not be available after Dec. 31, 2013. After Dec. 23, 2013, you will not be able to renew your current policy.



7. I want to choose a new policy with a Jan. 1, 2014, effective date. What should I do?

To see all your new 2014 policy options and to choose a new policy, log in to our secure site at bcbsil.com/stayblue by Dec. 23, 2013, using the member number/subscriber number (numeric values only) and group number on the front of your ID card, plus the last four digits of your Social Security number. You will also be able to see the three options shown in the letter you received in October, including:

- The option that is most similar in benefits to what you have today.
- The option that is the most similar in price to what you have today.
- The option that is a lower-cost option with lower benefits.

You have until Dec. 23, 2013, to enroll in a new policy with a Jan. 1, 2014, effective date.

8. What will happen when I select a new policy?

If you select a new policy by Dec. 23, 2013, your policy effective date will be Jan. 1, 2014. You will receive new ID card(s), policy details and other communications to help you get the most out of your new Blue Cross and Blue Shield of Illinois (BCBSIL) policy.

You will also receive a separate Certificate of Creditable Coverage, which is required under some states' laws. The Certificate indicates the time frame for which members had coverage on a prior policy. Please keep the Certificate for your files.

9. Can I enroll in one of the new 2014 policies later?

Yes, you can visit bcbsil.com, click on the shopping cart icon and enroll in a new 2014 policy through the end of the open enrollment period currently scheduled to end on **Mar. 31, 2014**. Your effective date will be based on your enrollment date.

10. Are there ways to find out through BCBSIL if a lower premium is available for a new policy?

Yes. Go to bcbsil.com and click on the shopping cart icon. When you log in and view the new policies, you will be able to estimate your premium tax credit, or you can go directly to the Health Insurance Marketplace in Illinois to find out about the kind of assistance for which you may qualify.

11. What is the new tax credit I've heard about?

You may be able to get a new kind of tax credit that lowers your monthly premium. When viewing all of your new policy options at bcbsil.com, you'll also be able to see what your premium, deductibles and out-of-pocket costs will be before you make your selection.

12. What are Affordable Care Act (ACA) fees?

ACA includes a number of new fees. The Transitional Reinsurance Program Contribution Fee (the "Reinsurance Fee") and the Annual Fee on Health Insurers (the "Health Insurer Fee") go into effect on Jan. 1, 2014, and affect all individual policies like yours. This includes current policies as well as the new 2014 policies. These fees are designed to support programs that will stabilize premiums and provide subsidies to qualified individuals to help them purchase coverage.

13. How long do the fees last?

The Reinsurance Fee is currently expected to last for three years. It starts in 2014 and ends in 2016. The Health Insurer Fee is a permanent fee. It does not currently have an end date.



14. Will I receive a notice about the premium change that takes ACA fees into account?

Your premium will be adjusted to reflect 2014 rates as well as a 4.1% increase to reflect ACA fees that go into effect in 2014. These fees are designed to support programs that will stabilize premiums and provide subsidies to qualified individuals to help them purchase coverage.

As a BCBSIL policyholder, you are entitled to 30 days' notice of any change to your premium. You have recently received or will soon receive a notice regarding that change. Because you have or will soon receive this notice, the timing of the federal and state guidance, and the upcoming deadline for renewing your current coverage, BCBSIL will not send you another 30-day notice if you choose to keep your current coverage for 2014.

15. Are there any changes to the network?

BlueChoice SelectSM and BlueChoice ValueSM health insurance policies will have a new network name, Blue Choice PPOSM, effective Jan. 1, 2014. The network of independently contracted providers can join or leave networks, so it's a good idea to confirm that the provider(s) you want to visit are in the network to make sure you can get in-network benefits.

Visit the [Provider Finder[®] tool](#) on bcbsil.com to review the list of network providers who are part of the new Blue Choice PPO network.

- If your current provider is on the list, you can seek care as you normally would.
- If your current provider is not on the list, you may choose a different provider who is in network to continue to get in-network benefits.

To shop for another policy that has your provider in network, please visit bcbsil.com/stayblue or contact your independent BCBSIL agent.

16. I have dental coverage. Do I need to do anything?

If you keep your current health insurance policy, you can also keep your current dental coverage.

If you enroll in one of the new health insurance policies, the new law requires us to be reasonably assured that you and each member on the policy have coverage for pediatric dental services that are essential health benefits. During enrollment, you will have the opportunity to provide these reasonable assurances. If you do not select a dental plan or provide us with reasonable assurances, you will be enrolled automatically in pediatric dental coverage. There is no additional cost for pediatric dental coverage for adults with no dependent children.

17. I was told a family member under my current policy would need to enroll in a new policy because he or she is turning age 26 (age 30 for certain military veterans) or age 65. Is that still true?

Yes, those members will need to enroll in a new policy. They cannot continue to be covered under your current policy. For a Jan. 1, 2014, effective date, they will need to enroll in a new policy by Dec. 23, 2013. If they are enrolling in Medicare, their enrollment period may be different. They should visit Medicare.gov to find out what their deadline is for enrolling.

18. Where can I go for updates?

Visit our website at bcbsil.com/stayblue for any updates.