

Participating Provider Option (PPO)—Hospital Network	2
PPO Name Change.....	2
Medical Services Advisory (MSA)/Utilization Review	4
Participating Provider Option (PPO)	7
National Accounts	10
Community Participating Option (CPO)	11
BlueAdvantage Health Plans	16
BlueAdvantage Health Plan PPO	16
BlueAdvantage Entrepreneur	19
BlueAdvantage Entrepreneur PPO	20
BluePrint	24
BluePrint PPO	24
BlueEdgeSM Participating Provider Option (PPO)	28

Participating Provider Option (PPO)—Hospital Network

Description

The PPO Hospital Network product is a health care benefit program designed to provide BCBSIL members with economic incentives for using designated facilities. When BCBSIL covered members use a PPO facility their benefits are paid at the highest level. Failure to use a network facility results in a reduction of benefits.

Facilities are selected for the PPO Hospital Network based on the following factors:

- PPO Hospital Network facilities have agreed to prospective and stabilized rates coupled with utilization controls. Payment is based on a single per diem rate, multiple per diem rates or on the Diagnosis Related Group (DRG) (See the Billing and Reimbursement Section for more information on facility billing and reimbursement).
- The PPO Hospital Network includes community, tertiary care, specialty facilities, and teaching hospitals. In order to provide a full range of health care services the PPO Hospital Network also includes providers of ancillary services.
- The facilities are geographically located so that our members have ready access to hospitals in all areas of Illinois.

PPO Hospital Network Provider Types:

- Hospitals
- Coordinated Home Care (CHC)
- Hospice
- Skilled Nursing Facility (SNF)
- Surgi-Centers
- Renal Facilities

PPO Name Change

BCBSIL PPO products have had a name change. PPO Plus, the combined professional and hospital network, has been renamed PPO, and what was formerly known as PPO will now be referred to as the PPO-Hospital Network.

These changes more accurately depict the product's features since the accepted definition of PPO in the health care marketplace is a network that includes both facility and professional providers.



You will see the name changes when you access the BCBSIL Web site at www.bcbsil.com.

Note: PPO Product features have not changed. This is a name change only.

Participating Provider Option (PPO)—Hospital Network (cont.)

PPO Hospital Network Identification Card

Many PPO Hospital Network accounts have migrated to the PPO Portable BlueCard Program. Their identification card alpha prefixes were changed to XOF. The card has a suit case logo. Please see the BlueCard Program Section for more information.

			
<p>DOE, JOHN</p>			
<p>IDENTIFICATION NUMBER</p>		<p>XOF111223333</p>	
<p>GROUP NUMBER P12345</p>	<p>BS Plan Code 621</p>	<p>BC Plan Code 121</p>	
<p>Family</p>	<p>DENTF</p>	<p>1/1/04</p>	
<p>SECT. 0004</p>			

To the Insured: Your contract requires that you contact the Medical Services Advisor (MSA) prior to hospitalization, or within two business days of an admission for emergency care or maternity care.
MSA: 1-800-555-1234

Mental Health/Substance Abuse: Prior to any inpatient admission for mental health or substance abuse, or within two business days of an emergency admission, you must call the Mental Health Client Services Department at 1-800-851-7498. This number is available 24 hours per day, 7 days per week.



FAILURE TO CONTACT EITHER MSA OR MENTAL HEALTH CLIENT SERVICES MAY REDUCE YOUR AVAILABLE BENEFITS.

To Hospital/Physician: Illinois Hospitals and Physicians should file claims in the usual manner to:

Blue Cross and Blue Shield of Illinois
P.O. Box 1220
Chicago, Illinois 60690-1220

All other Hospitals and Physicians should file claims to the local BlueCross BlueShield Plan.

Customer Service: 1-800-537-6920
BlueCross BlueShield of Illinois, an independent licensee of the BlueCross and BlueShield Association, provides administrative claims payment service only and does not assume any financial risk or obligation with respect to claims.

			
<p>DOE, JOHN</p>			
<p>IDENTIFICATION NUMBER</p>		<p>XOP111223333</p>	
<p>GROUP NUMBER P12345</p>	<p>BS Plan Code 621</p>	<p>BC Plan Code 121</p>	
<p>Family</p>	<p>DENTF</p>	<p>1/1/04</p>	
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Customer Service: 1-800-537-6920
BlueCross BlueShield of Illinois, an independent licensee of the BlueCross and BlueShield Association, provides administrative claims payment service only and does not assume any financial risk or obligation with respect to claims.

Medical Services Advisory (MSA)/Utilization Review

Blue Cross Blue Shield of Illinois operates the Medical Services Advisory (MSA) Program to ensure our members receive the right care at the right time and right place and at the right price. Our program is designed to promote the optimal use of health care resources to improve health care outcomes. We believe the efficient and effective use of health care service results in quality health care outcomes. The MSA uses Milliman and Robertson's (M&R) Optimal Recovery Guidelines which are evidence and consensus based guidelines to support effective care and efficient resource utilization. BlueCross BlueShield of Illinois (BCBSIL) meets the Blue Cross Association Consortium, NCQA, and URAC standards.

The MSA reviews medical necessity and provides authorization for clinical services.

Hours of Operation

- Monday through Friday 7 a.m. to 7 p.m. CST.
- You may leave a message at any other time and we will return your call the next business day.

Services Requiring Authorization:

- Inpatient Stay
- Sub-Acute or Skilled Nursing Facility
- Inpatient Rehabilitation
- Home Health Care
- Private Duty Nursing

Elective or non-emergency admissions must be pre-certified at least **three (3) business days** prior to the planned admission.

The MSA Process

- Hospital providers may pre-certify services online by accessing THIN Online. THIN Online is available to all hospital providers by simply clicking the pre-certification button under BCBSIL. Refer to the Electronic Services Section for more information on THIN Online. If you are not using THIN Online contact Electronic Data Interchange (EDI) at (312) 653-7954. Online pre-certification is not available to professional providers at this time.
- For authorization, please call the Customer Care Call Center. The phone number is listed on the back of the patient's health insurance identification card. The call may be made by the member, physician or any healthcare provider.

Medical Services Advisory (MSA)/Utilization Review (cont.)

- A Care Coordinator Nurse will obtain and review information on services that require a Medical Necessity determination
- Have the following information available for the Care Coordinator Nurse:
 - Diagnosis
 - Treatment plan
 - Estimated length of stay
 - Prognosis and discharge plans
- The Care Coordinator Nurse will provide an authorization if the services meet the utilization guidelines.
- Cases that do not meet medical necessity criteria will be sent to a BCBSIL Physician for review. You will be notified of any adverse determination and given an opportunity to speak directly with a physician reviewer, offer additional information or request an appeal.

Note: The MSA does not answer eligibility or benefit coverage inquiries. You must use THIN Online or call the Provider Telecommunications Center. To verify eligibility, co-payment, co-insurance, or benefit limitations follow the steps below:

1. Access the electronic database THIN Online or
2. Call the Automated Information System at (800) 972-8088.
3. If eligibility and contract benefits are not available on the Automate Information System, you may speak with a Service Representative; the Automated Information System will prompt you for this function.

Frequently Asked Questions

1. How will I know when MSA has denied a service or stay?

The MSA will notify the member/patient, physician and provider of services of a denial determination within one (1) business day. Both verbal and written notification is provided.

2. What can I do if I disagree with a determination?

Reconsideration: A reconsideration is when additional information is offered to clarify why the services are medically necessary. This is usually done at the time the denial is communicated verbally. The information can be provided to the Care Coordination Nurse or the attending physician can request to speak directly with a Blue Cross and Blue Shield of Illinois Physician.

Standard Clinical Appeal: A physician or member may request an appeal when services have been determined to not be medically necessary. It is strongly encouraged that additional clinical information be provided to justify the medical necessity. An appeal is reviewed within 30 to 60 days after the receipt of all medical information.

Medical Services Advisory (MSA)/Utilization Review (cont.)

Expedited Clinical Appeal: An expedited appeal can be requested when services are such that a delay in a decision making may seriously jeopardize the life of health of the member, or that has the potential to become an emergency in the absence of treatment. An expedited appeal will be reviewed within one business day after receipt of all relevant medical information.

Note: The Hospital Utilization Review Department may call with additional clinical information or for length of stay reviews. Call the number on the back of the member's health insurance card.

3. Does BCBSIL have any Disease Management or Chronic Care Programs?

BCBSIL has designed programs to assist members with knowledge and treatment of their clinical condition. Our goal is to enhance the physician patient relationship by providing members with information to take charge of their health status and understand the treatment plan from their physician. While these programs change from time to time and are not included in all benefit plans, please feel free to contact us if you believe we can assist with a patient with a chronic or complex condition.

The following Disease Management Programs are currently available:

- Diabetes
- Coronary Artery Disease
- High Risk Maternity
- Asthma

Participating Provider Option (PPO)

Description

The PPO product is a health care benefit program that is made up of PPO hospitals, Physicians, Chiropractors, Podiatrists, Osteopaths, Clinical Psychologists, Certified Nurse Midwives, Licensed Clinical Social Workers (LCSWs), Certified Registered Nurse Anesthetist (CRNA), Licensed Clinical Professional Counselors (LCPCs), Independent Laboratories and Physical, Speech and Occupational Therapists. When BCBSIL members use the PPO network of providers and hospitals, they receive comprehensive benefits and reduce the amount that they have to pay for medical services. Members may choose to use non-participating providers and hospitals, but their benefits are substantially reduced.

All participating providers have contractually agreed to utilization management to ensure cost savings. Utilization management is performed through the Medical Service Advisory (MSA) program, which is a standard component of the PPO product. The MSA functions to ensure quality medical care and cost savings (A complete description of the MSA program begins on page 4 of this Section).

Professional Provider Network

Providers must have a valid state license in Illinois, or in the state in which they render service to BCBSIL members, have signed the Mutual Participation Program (MPP) contract and the PPO Plus Addendum contract. To confirm PPO participation in the PPO network use the Provider Search Tool on our Web site at www.bcbsil.com. The PPO network eligible providers are:

- Physicians
- Osteopaths
- Chiropractors
- Podiatrists
- Licensed Clinical Social Workers (LCSWs)
- Clinical Psychologist
- Certified Nurse Midwives
- Certified Registered Nurse Anesthetist (CRNA)
- Licensed Clinical Professional Counselors (LCPCs)
- Independent Laboratories
- Therapists (Physical, Speech and Occupational)

Facility Provider Network

PPO contracted facilities consist of the following network provider types:

- Hospitals
- Coordinated Home Care (CHC)
- Hospice
- Skilled Nursing Facility (SNF)
- Surgi-Centers
- Renal Facilities

Participating Provider Option (PPO) (cont.)

Precertification Requirements

Most PPO contracts require plan notification and MSA approval for inpatient hospital admissions. Some contracts require notification and approval for specified outpatient procedures. Additionally, care for mental health and substance abuse generally requires notification and authorization. Specific time frames for notification vary according to employer requirements; this information along with notification phone numbers is listed on the back of the member's identification card, or you may access THIN Online for the information.

Referrals

When a referral for a covered member is necessary, the provider must make every effort to refer the member to in-network PPO providers, hospitals, and laboratories that are required by some contracts. Providers must remember that referrals to out-of-network providers could result in reduced benefits for the member. To confirm PPO participation use the Provider Finder^R tool on our Web site at www.bcbsil.com.

Benefits

- In-network benefits: Members must use participating providers to receive comprehensive benefits.
- Out-of-network benefits: Networks may use non-participating providers, but this will result in a reduction of benefits.

Specific benefits vary according to individual or employee contracts. Providers should access our electronic database THIN Online for specific member benefits or call the Provider Telecommunications Center (PTC) at (800) 972-8088.

Participating Provider Option (PPO) (cont.)





Copayments

Some PPO contracts do have copayments for office visits, emergency room visits, and outpatient services. Copayments should be listed on the member's ID card; however, some employer groups choose not to show the copayment amount on the ID card. **The copayment amount can always be determined by using THIN Online.**

PPO Identification Card

Many PPO accounts have migrated to the PPO Portable BlueCard Program. Their identification card alpha prefixes were changed to XOF. The card has a suit case logo. Please see BlueCard Program Section for more information. You may still see some PPO ID cards with the alpha prefix XOC.

The appropriate Medical Services Advisory (MSA) may be contacted at the phone number that is specified on the back of the member's ID card.





 	<p>To the Member: Your contract requires that you contact the Medical Services Advisor (MSA) prior to inpatient admissions, skilled nursing care, private duty nursing and home care within 2 business days of an admission for emergency or maternity care. For questions regarding benefits, membership and claims for medical care, please call the customer service number.</p> <p>Medical Pre-certification: 1-800-572-3089 Mental Health/Chemical Dependency 1-800-351-7498</p> <p>Member must call prior to inpatient admission for mental health or chemical dependency treatment, or within 2 business days of emergency admission. This number is available 24 hours per day, 7 days per week FAILURE TO CONTACT EITHER MSA OR MENTAL HEALTH CHEMICAL DEPENDENCY UNIT MAY REDUCE YOUR AVAILABLE BENEFITS</p> <p>Provider Locator for Employees: To find a PPO Provider in your service area or when traveling, please call: 1-800-910-BLUE (2563).</p> <p>To Hospital/Physician: Please file all claims with your local BlueCross BlueShield Plan.</p> <p>To the Member: If a provider does not submit your claim on your behalf, please contact your Customer Service Unit Pharmacy Program: 1-800-423-1973</p> <p>Customer Service: 1-800-409-9462 For claims information via the internet: www.bcbsil.com BlueCross BlueShield of Illinois, an independent licensee of the BlueCross and BlueShield Association, provides administrative claims payment service only and does not assume any financial risk or obligation with respect to claims.</p>
<p>DOE, JOHN</p> <p>Identification No. XOF112223333</p> <p>Group No. P12345 BS Plan Code 621 BC Plan Code 121</p> <p> Advance PCS BIN:004336  PCN/RxGroup: ILDR</p>	

National Accounts

National accounts are those employer groups that have offices or branches in more than one area, but offer uniform coverage benefits to all of their employees.

- Membership crosses state lines
- Claims are processed by the local Plan
- Provider inquiries are handled by the local Plan in most cases

National account ID cards do not have a Plan-specific alpha prefix that identifies the Plan from which the account originates. Typically, a national account alpha prefix will relate to the name of the group. These claims should be submitted to BCBSIL.

	BlueCross BlueShield An Independent Licensee of the Blue Cross and Blue Shield Association		UNITED AIRLINES Traditional Medical Plan
Doe, Jane			
Identification Number	UAL111223333		
Group No.	081204		
Family			
PRE-CERTIFY ALL INPATIENT CARE IN U.S.			

<p>For benefits questions or to pre-certify U.S. inpatient care, call BlueCross BlueShield Customer Service: 1-800-5-FLY-UAL (1-800-535-9825) Claims Processing</p>
<p>To the Provider: File claims in the usual manner to your local BlueCross BlueShield Plan. To the Member: If the provider does not submit the claim on your behalf, send your claims to Blue Cross Blue Shield of Illinois, P.O. Box 1220, Chicago, Illinois 60690.</p>
<p>CAREWISE/BABYWISE: 1-800-219-2181 (24 Hour service) TO REQUEST A PERSONALIZED DIRECTORY: 1-800-821-1188 UAL BENEFITS SERVICE CENTER: 1-800-482-5236 CAREMARK: 1-888-433-0075</p>
<p>Caremark Prescription Drug Instructions Present this card to any participating pharmacy in the U.S. and Puerto Rico to obtain a discount on your medication.</p> <p>To the Pharmacist:</p> <ul style="list-style-type: none"> • Input CRK in the Plan Code Field • Input UAL in the Group Code Field • Input employee's file number (Social Security number for COBRA members) • 100% co-payment for generic and brand name medications. • Unlimited days supply per prescription.

Community Participating Option (CPO)

Description

The Community Participating Option (CPO) is a subset of the larger PPO network, and encourages members to receive health care from local participating CPO community providers. When members use their CPO network of providers and hospitals, they receive the highest level of benefits. If members choose to select hospitals and physicians that are part of the standard PPO network, they will still receive a high level of coverage. Members who choose to use non-participating providers will receive a lower level of insurance and assume the largest responsibility for the cost of their care.

Physician Network

Participating CPO physicians are identified through the participating CPO hospital for each region. The preferred CPO physician is required to have admitting privileges with the local CPO hospital. In addition, CPO physicians must sign the Mutual Participation Program (MPP) contract and the PPO Plus Addendum contract.

Hospital Network

The CPO participating hospital must be PPO contracted. Each CPO community health plan is required to have at least one CPO hospital.

CPO Plans

Each member participates through their employer with one of the following CPO plans:

CPO Plan Number	Plan Name
CO1	Starved Rock Community Health Plan <ul style="list-style-type: none"> • Illinois Valley Community Hospital and Physician Hospital Organization – Peru
CO2	Grundy Advantage Community Health Plan <ul style="list-style-type: none"> • Morris Hospital – Morris
CO3	Galesburg Regional Health Plan <ul style="list-style-type: none"> • Galesburg Clinic and St. Mary's Medical Center – Galesburg
CO4	Community Health Plan of Southeast Illinois <ul style="list-style-type: none"> • Richland Memorial Hospital – Olney • Lawrence County Memorial Hospital – Lawrenceville • Clay County Hospital – Flora
CO5	Hometown Health Plan <ul style="list-style-type: none"> • Community Hospital of Ottawa – Ottawa
CO6	The Prairie Cities Health Plan <ul style="list-style-type: none"> • Kewanee Hospital – Kewanee

Community Participating Option (CPO) (cont.)

CPO Plans (cont.)

CPO Plan Number	Plan Name
CO7	Macoupin Central Communities Health Plan <ul style="list-style-type: none"> • Carlinville Area Hospital – Carlinville
CO8	Sparta Regional Health Plan <ul style="list-style-type: none"> • Sparta Community Hospital – Sparta
CO9	Bureau Valley Community Health Plan <ul style="list-style-type: none"> • Perry Memorial Hospital – Princeton
CO10	Community Advantage Health Plan <ul style="list-style-type: none"> • St. Vincent Memorial Hospital – Taylorville
CO11	Riverbend Regional Health Plan <ul style="list-style-type: none"> • Trinity Regional Health Systems - Rock Island, Moline • Hammond-Henry Hospital – Geneseo
CO12	Litchfield-Gillespie Regional Health Plan <ul style="list-style-type: none"> • St. Francis Hospital – Litchfield
CO13	Community Advantage Regional Health Plan <ul style="list-style-type: none"> • Iroquois Memorial Hospital – Watseka
CO14	Peoria Area Community Netowrk <ul style="list-style-type: none"> • St. Francis Medical Center/OSF – Peoria
CO15	Staunton Community Health Plan <ul style="list-style-type: none"> • Community Memorial Hospital – Staunton
CO16	Hometown Advantage Community Health Plan <ul style="list-style-type: none"> • Jersey Community Hospital – Jerseyville • Boyd Memorial Hospital – Carrollton
CO17	The Community Advantage Health Plan <ul style="list-style-type: none"> • Abraham Lincoln Memorial Hospital – Lincoln
CO18	The Community Advantage Health Plan <ul style="list-style-type: none"> • Passavant Area Hospital – Jacksonville
CO19	The Community Advantage Health Plan <ul style="list-style-type: none"> • Edward A. Utlaut Memorial Hospital – Greenville
CO20	Hometown Advantage Health Plan <ul style="list-style-type: none"> • OSF Saint James Hospital – Pontiac
CO21	Perry County Regional Health Plan <ul style="list-style-type: none"> • Pinckneyville Community Hospital – Pinckneyville
CO22	Southern Illinois Community Blue <ul style="list-style-type: none"> • Southern Illinois Healthcare
CO23	Fairfield Community Advantage <ul style="list-style-type: none"> • Fairfield Memorial Hospital – Fairfield
CO24	Central Illinois Regional Health Plan <ul style="list-style-type: none"> • Decatur Memorial Hospital

Community Participating Option (CPO) (cont.)

CPO Plans (cont.)

CPO Plan Number	Plan Name
CO25	The Sauk Valley Health Plan <ul style="list-style-type: none"> • CGH Medical Center – Sterling
CO26	KVH Blue <ul style="list-style-type: none"> • Riverside Healthcare – Kankakee • Kankakee Valley Healthcare – Kankakee
CO27	East Central Community Advantage Christie Clinic and Provena Covenant Medical Center – Champaign-Urbana
CO28	McLean-Woodford Regional Health Plan BroMenn Regional Medical Center – Bloomington-Normal

Community Participating Option (CPO) (cont.)

Precertification Requirements

Inpatient hospital admissions and certain outpatient procedures must be precertified by calling the Medical Services Advisory (MSA) at **(800) 610-0789**. Effective July 1, 2001, the provider driven precertification was added to our CPO product line. It is the provider's responsibility to notify the Blue Cross Medical Service Advisory when scheduling inpatient hospital service for the member. The following services must be precertified:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Elective Inpatient Hospital Stay • Emergency Inpatient Hospital Stay • Obstetrical Admission • Outpatient Services | <p>3 business days prior to admission</p> <p>Next business day by 6:30 p.m. (CST)</p> <p>Next business day by 6:30 p.m. (CST)</p> <p>3 business days prior to service for the following procedures:</p> <ul style="list-style-type: none"> • Knee arthroscopy • Arthroscopic knee surgery • MRI of Neuraxis • Laparoscopic cholecystectomy • Pelvic laparoscopy (without tubal ligation) • Myelography • Bunionectomy • Carpal Tunnel release • Myringotomy • Tonsillectomy |
|---|---|

Referrals

When referrals are medically necessary, CPO providers should refer patients within the CPO network, or within the PPO provider network.

Benefits

Benefits are reimbursed at the following percentages:

All Options	CPO	PPO	Non-PPO
Hospital (inpatient)	90%	80%	60%
Medical (inpatient)	100%	90%	70%
Surgery (outpatient)	90%	80%	60%
Medical (outpatient)	100%	90%	70%

For eligibility and additional benefit information providers can access THIN Online or call the Provider Telecommunications Center (PTC) at (800) 972-8088.

Community Participating Option (CPO) (cont.)

Copayments

Option 1 \$10 office visit copayment is required at the time of service.
 Option 2 \$20 office visit copayment is required at the time of service.

Deductibles

Option 1	CPO	PPO	Non-PPO
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Per individual, per calendar year	\$150	\$250	\$500
Family (maximum of 3 individual deductibles)	\$450	\$750	\$1500



Option 2	CPO	PPO	Non-PPO
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Per individual, per calendar year	\$250	\$500	\$1000
Family (maximum of 3 individual deductibles)	\$750	\$1500	\$3000

Option 3	CPO	PPO	Non-PPO
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Per individual, per calendar year	\$500	\$1000	\$2000
Family (maximum of 3 individual deductibles)	\$1500	\$3000	\$6000

CPO Identification Card

 <p>BlueCross BlueShield of Illinois An Independent Licensee of the Blue Cross and Blue Shield Association</p>	C ommunity P articipating O ption	
	<p>Doe, John D.</p> <p>Identification No. XOF111223333</p>	
<p>Group No. P80026</p> <p>Family</p>	<p>BS Plan Code 621</p> <p>05-01-04</p>	<p>BC Plan Code 121</p>
<p> C01 Starved Rock CHP</p>	<p><i>Advance PCS</i> BIN:004336 PCN: ILDR RxGroup: ILDR Rx</p>	

<p>TO THE INSURED: Your contract requires that you contact the Medical Services Advisory (MSA) three days prior to elective hospitalization and prior to receiving certain outpatient procedures, within two business days of an admission for emergency care, and during the first trimester of pregnancy. MSA: 1-800-610-0789</p> <p>Mental Health/Chemical Dependency 1-800-851-7498: Members must call prior to hospital admission or within 2 days of an emergency admission.</p> <p>FAILURE TO CONTACT EITHER MSA OR MENTAL HEALTH CLIENT SERVICES MAY REDUCE YOUR AVAILABLE BENEFITS.</p> <p>Provider Locator for Employees: To find a PPO Provider in your service area or when traveling, please call: 1-800-810-BLUE (2583).</p> <p>TO HOSPITAL/PHYSICIAN: Please file all claims with your local BlueCross BlueShield Plan. To Employee: If a provider does not submit your claim on your behalf, please file claim to: Blue Cross Blue Shield of Illinois P.O. Box 1220 Chicago, Illinois 60690-1220</p>

BlueAdvantage Health Plans

BlueAdvantage Health Plans is a managed care dual option product, which consists of the BlueAdvantage HMO and the BlueAdvantage PPO programs for groups of 100 to 250 employees that are located in the Chicago metropolitan area. Employees may choose from a number of benefit designs; this means that employees may select the copayment, deductibles, out-of-pocket limits, and benefit package to best fit their budgets. Employees may select either the BlueAdvantage HMO or the PPO option.

BlueAdvantage Health Plan PPO

Description

The BlueAdvantage Health Plan PPO program is made up of physicians and hospitals that participate in the standard BCBSIL PPO program. As with all BCBSIL managed care products, there is a cost savings when the member receives care through PPO network providers. Employees can choose any physician or hospital; however, comprehensive benefits are paid when in-network providers are used. Conversely there is a reduction of benefits when out-of-network providers are used.

Provider Network

Providers who are members of the regular PPO network automatically qualify for the BlueAdvantage Health Plan PPO network of providers. Directories are available to employees through their employers. The directory is updated semi-annually; providers are responsible for notifying BCBSIL of any changes in their location, or of any new physicians within their medical group. To confirm PPO participation in the PPO network use the Provider Search Tool on our Web site at www.bcbsil.com.

Precertification Requirements

The BlueAdvantage Health Plan PPO contract requires plan notification and MSA approval for inpatient hospital admissions. PPO providers are responsible for contacting the Medical Services Advisory (MSA) for inpatient hospitalization, inpatient emergency and inpatient maternity. If the provider fails to call, the member is held harmless and the provider may not bill the member for any reduction in payment. The member is responsible for precertifying if they use out-of-network or out-of-state providers. The time frames for inpatient notification are:

- Elective admissions: One business day prior to admission
- Emergency and maternity admissions: Within two business days of the admission

BlueAdvantage Health Plan PPO has no standard outpatient precertification requirements. However, certain groups may require outpatient precertification.

MSA Phone Numbers:

Inpatient Admissions for Medical or Surgical Services: **(800) 232-7108**
Mental Health & Chemical Dependency: **(800) 851-7498**

BlueAdvantage Health Plan PPO (cont.)

Referrals

When a referral for a BlueAdvantage Health Plan PPO covered person is necessary, the provider must use every effort to refer the member to in-network PPO providers, and in-network PPO hospitals. Providers must remember that referrals to out-of-network providers could result in reduced benefits for the member. To confirm PPO participation use the Provider Search Tool on our Web site at www.bcbsil.com. These directories are available to employees through their employers.

Benefits

- **In-network benefits:** Members must use PPO providers to receive comprehensive benefits.
- **Out-of-network benefits:** Members may use non-participating providers, but this will result in a reduction of benefits.

Specific BlueAdvantage Health Plan PPO benefits vary depending on which plan the member has chosen. Providers should access THIN Online for specific member benefits, or call the Provider Telecommunications Center (PTC) at (800) 972-8088.

Copayments



BlueAdvantage PPO does not have a copayment for office visits. However, there are copayments for outpatient emergency visits:

- | | |
|--------------------------------------|-------------|
| ■ BlueAdvantage PPO plan design 200: | \$50 |
| ■ BlueAdvantage PPO plan design 250: | \$75 |
| ■ BlueAdvantage PPO plan design 400: | \$50 |

These copayments are not listed on the member's card; however they can be determined by using THIN Online or by calling the Provider Telecommunications Center (PTC) at (800) 972-8088.

BlueAdvantage Health Plans Identification Cards

BlueAdvantage Health Plans ID cards have either the letter **H (HMO)**, or **F (PPO Blue Card)** in the third position of the alpha prefix.

		BlueAdvantage	
<i>of Illinois</i>		PPO	
DOE, JOHN			
IDENTIFICATION NO.	P00000-XOF123456789		
GROUP NO. P00000	BS Plan Code 621	BC Plan Code 121	
Family	Sect. 0000	01-01-04	
	SSN. 123-45-6789	<i>Advance PCS</i>	
		BIN: 004336	PCN: ILDR
		RxGroup: ILDR	Rx

To the Insured: Your contract requires that you contact the Medical Services Advisory (MSA) prior to hospitalization, before receiving certain outpatient procedures, or within two business days of an admission for emergency or maternity care:

MSA: 1-800-232-7108



Mental Health/Substance Abuse Treatment: Prior to an inpatient admission for mental health or substance abuse treatment, or within two business days of an emergency admission, you must call the Mental Health Client Services Department at **1-800-851-7498**. This number is available 24 hours per day, 7 days per week.

FAILURE TO CONTACT EITHER MSA OR MENTAL HEALTH CLIENT SERVICES MAY REDUCE YOUR AVAILABLE BENEFITS.

To Hospital/Physician: Illinois Hospitals and Physicians should file claims in the usual manner to:
Blue Cross Blue Shield of Illinois
P.O. Box 1364
Chicago, Illinois 60690-9937

All other Hospitals and Physicians should file claims to the local Blue Cross Blue Shield Plan.

Customer Service: 1-800-327-8497

		BlueAdvantage	
<i>of Illinois</i>		HMO	
An Independent Licensee of the Blue Cross and Blue Shield Association			
Subscriber SMITH, JOSEPH			
Participant's Name JANE	Group No. B12345		
Identification No. XOH12345689	Benefit Plan: BLADV		
Medical Group Number & Name 125 ABC MEDICAL GROUP (815) 727-1998 09-01-04	Plan Codes: 621/121		
WPHCP 125 ABC MEDICAL GROUP (815) 727-1998 09-01-04	<i>Advance PCS RX</i>		
	BIN: 004336	PCN/Rx Group: ILDR	

IN CASE OF EMERGENCY - CALL YOUR MEDICAL GROUP/PRIMARY CARE PHYSICIAN TO HOSPITALS OR PHYSICIANS: The enrollee named on the face of this card, while currently enrolled, is entitled to benefits. All medical and Hospital services, except in life-threatening, severe emergencies, or out-of-area emergencies must be pre-authorized by the Medical Group/Individual Practice Association (IPA) named on the face of this card.

TO HOSPITAL: Hospital should follow its regular procedure for reporting services rendered to the enrollee named (or covered dependent) by contacting its local Blue Cross Plan. Hospitals may report services to the address below.

TO PHYSICIAN: Upon completion of Physician's Service Report, this HMO pays physicians for certain emergency services rendered to the enrollee (or covered dependents). Non-emergency services are provided by the Medical Group/Individual Practice Association (IPA) named on the face of this card. Mail reports to the address below. Be sure to include the Group Number and Identification Number appearing on the face of this card.

Blue Cross and Blue Shield of Illinois
P.O. Box 1364
Chicago, Illinois 60690-1364

Customer Service: 1-800-892-2803
Pharmacy Network information: 1-800-410-8823

BlueAdvantage Entrepreneur

BlueAdvantage Entrepreneur (BAE) is a Blue Cross and Blue Shield product for today's small business is designed and priced for businesses with 2 to 99 employees. BAE has the flexibility of offering a choice of three options, PPO, HMO, and the Alternative Plan, which includes a Standard Medical Plan.

- PPO
- HMO
- The Alternative Plan

Highlights of the BlueAdvantage Entrepreneur Alternative Plan

- Inpatient/Outpatient Hospital Service
- Physician Medical Surgical and Maternity Service
- Well Child Care
- Mental Health/Chemical Dependency Treatment
- Chiropractor Manipulation Services
- Speech, Occupational and Physical Therapy
- Prescription Drug Benefits
- Inpatient Skilled Nursing Facility service
- Coordinated Home Care

BlueAdvantage Entrepreneur PPO

Description

BAE members may use any hospital or physician of choice, but will receive a reduction of benefits if they use out-of-network providers.

Provider Network

Providers who are members of the regular PPO network automatically qualify for the BlueAdvantage Entrepreneur PPO network of providers. Directories are available to employees through their employers. The directory is updated semi-annually; providers are responsible for notifying BCBSIL of any changes in their location, or of any new physicians within their medical group. To confirm PPO participation in the PPO network use the Provider Search Tool on our Web site at www.bcbsil.com.

Precertification Requirements

PPO providers are responsible for contacting the Medical Services Advisory (MSA) for inpatient hospitalization, inpatient emergency and inpatient maternity. If the provider fails to call, the member is held harmless and the provider may not bill the member for any reduction in payment. The member is responsible for precertifying if they use out-of-network or out-of-state providers. The following chart illustrates the action provider or employee must take:

SITUATION	Inpatient Hospitalization	Inpatient Emergency	Inpatient Maternity
	When the employee or dependent is to be admitted for inpatient hospitalization	When the employee or dependent is admitted to the hospital for emergency care	When the employee or dependent has been admitted to the hospital for inpatient maternity
<i>The employee is using an</i>			
THE FOLLOWING ACTION MUST BE TAKEN			
In Network Illinois Provider	The provider must call the MSA. The employee does not have to call.	The provider must call the MSA. The employee does not have to call.	The provider must call the MSA. The employee does not have to call.
Out of Network Illinois Provider	The employee must call the MSA 3 business days prior to the admission.	The employee must call the MSA within 1 business day after admission.	The employee must call the MSA within 1 day after admission.
Out-of-State (of Illinois) Provider	The employee must call the MSA 3 business days prior to the admission.	The employee must call the MSA within 1 business day after admission.	The employee must call the MSA within 1 day after admission.

BlueAdvantage Entrepreneur PPO (cont.)

Referrals

When a referral for a BlueAdvantage Entrepreneur (BAE) PPO covered person is necessary, the provider must use every effort to refer the member to in-network PPO providers, and in-network PPO hospitals. Providers must remember that referrals to out-of-network providers could result in reduced benefits for the member. These directories are available to employees through their employers. To confirm PPO participation in the PPO network use the Provider Search Tool on our Web site at www.bcbsil.com.

Benefits

In-network benefits: Members must use PPO providers to receive comprehensive benefits.

Out-of-network benefits: Members may use non PPO providers, but this will result in a reduction of benefits.

Specific benefits vary depending on which option the member has chosen. Providers should access THIN Online for specific member benefits, or call the Provider Telecommunications Center (PTC) at (800) 972-8088.

Copayments

\$10* Office Visit
\$50 Outpatient Emergency Care (Accident or Illness)
Copayment waived if admitted



Or

\$20 Office Visit
\$75 Emergency Care

*For maternity services - a \$10 copayment is only required for the initial office visit.



BlueAdvantage Entrepreneur (cont.)

BlueAdvantage Entrepreneur PPO

 BlueCross BlueShield of Illinois An Independent Licensee of the Blue Cross and Blue Shield Association		BlueAdvantage PPO	
DOE, JOHN Identification No. XOF123456789		Copays: Office Visit \$20 Emergency \$75	
Group No. P00000 Single	BS Plan Code 621 BC Plan Code 121 DENTF	<i>Advance PCS</i> BIN:004336 PCN: ILDR RxGroup: ILDR Rx	
			

BlueAdvantage Entrepreneur	
Medical Services Advisory 1-800-232-7108: For all Illinois PPO Hospital Admissions, Hospital must call. For Non PPO or Out of State Hospital Admissions, Member must call.	
Mental Health/Chemical Dependency 1-800-851-7498: Member must call prior to hospital admission or within 2 days of emergency admission.	
See your Certificate for complete details.	
To locate a participating PPO Provider in your service area or when traveling: 1-800-810-BLUE (2583)	
To Providers: Hospitals and Physicians should file claims to their local Blue Cross Blue Shield Plan.	
To Member: If your provider has not filed a claim on your behalf, submit your claims to: Blue Cross Blue Shield of Illinois P.O. Box 1364 Chicago, Illinois 60690-9937	
Member Services: 1-800-423-2055 (Medical) Pharmacy Network Information: 1-888-410-8823	
FMT 169C	


BlueAdvantage HMO

 BlueCross BlueShield of Illinois An Independent Licensee of the Blue Cross and Blue Shield Association		BlueAdvantage HMO	
Subscriber DOE, JANE Participant's Name SALLY Identification No. XOH123456789		www.bcbsil.com Group No. B00000 Copays: Office Visit \$20 Emergency \$75	
Medical Group Number & Name 125 ABC MEDICAL GROUP (773) 123-4567 01-01-04		Benefit Plan: BLADV Plan Codes: 621/121	
WPHCP 125 ABC MEDICAL GROUP (773) 123-4567 01-01-04		<i>Advance PCS RX</i> BIN: 004336 PCN/Rx Group: ILDR	
			

IN CASE OF EMERGENCY -- CALL YOUR MEDICAL GROUP/PRIMARY CARE PHYSICIAN TO HOSPITALS OR PHYSICIANS: The enrollee named on the face of the card, while currently enrolled, is entitled to benefits. All medical and hospital services, except emergencies, must be pre-authorized by the Medical Group/Individual Practice Association (IPA) named on the face of this card.	
TO HOSPITAL: Hospital should follow its regular procedure for reporting services rendered to the enrollee named (or covered dependent) by contracting its local Blue Cross Plan. Hospital may report services to the address below.	
TO PHYSICIAN: Upon completion of the Physician's Service Report, this HMO pays physicians for certain emergency services rendered to the enrollee (or covered dependents). Non-emergency services are provided by Medical Group/Individual Practice Association (IPA) named on the face of this card. Mail reports to address below. Be sure to include the complete Group and Identification Number appearing on the face of this card.	
Blue Cross and Blue Shield of Illinois P.O. Box 1364 Chicago, Illinois 60690-1364 Customer Service: 1-800-892-2803 Pharmacy Network Information: 1-888-410-8823	
HMO USA Away From Home Care 1-800-4HMO-USA	Chemical Dependency 1-800-346-3986
HMO-WPHCP-w/Rx	

BlueAdvantage Entrepreneur (cont.)

BlueAdvantage Entrepreneur PPO – Alternative Plan

	BlueCross BlueShield of Illinois An Independent Licensee of the Blue Cross and Blue Shield Association	BlueAdvantage PPO Alternative Plan
	DOE, JOHN Identification No. XOF123456789	Group No. P00000 BS Plan Code 621 BC Plan Code 121
		<i>Advance PCS</i> BIN:004336 PCN: ILDR RxGroup: ILDR Rx

<p align="center">BlueAdvantage Entrepreneur</p> <p>Medical Services Advisory 1-800-232-7108: For all Illinois PPO Hospital Admissions, Hospital must call. For Non PPO or Out of State Hospital Admissions, Member must call.</p> <p>Mental Health/Chemical Dependency 1-800-851-7498: Member must call prior to hospital admission or within 2 days of emergency admission.</p> <p align="center">See your Certificate for complete details.</p> <p>To locate a participating PPO Provider in your service area or when traveling: 1-800-810-BLUE (2583)</p> <p>To Providers: Hospitals and Physicians should file claims to their local Blue Cross Blue Shield Plan.</p> <p>To Member: If your provider has not filed a claim on your behalf, submit your claims to:</p> <p align="center">Blue Cross Blue Shield of Illinois P.O. Box 1364 Chicago, Illinois 60690-9937</p> <p>Member Services: 1-800-423-2055 (Medical) FMT 170</p>
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BluePrint

BluePrint is a new BCBSIL product tailored for employer groups with 100 to 500 employees. It offers employers the opportunity to build a health plan of their choice by offering a PPO design as the foundation and then adding an optional HMO Plan. BluePrint offers a choice of HMO networks: the regular HMO Illinois network or the BlueAdvantage HMO network (see the Other Product Section for HMO information)

BluePrint PPO

Description

The BluePrint product is a health benefit plan that is tailored for employer groups with 100 to 500 employees. It offers a wide range of comprehensive benefit designs, including options for coinsurance, deductibles and out-of-pocket maximums, as well as office visit and drug card copayments.

It utilizes the same PPO network as the standard PPO health benefit program. Additionally BluePrint members participate in the BlueCard PPO Program.

Provider Network

BluePrint PPO utilizes the standard PPO network.

Professional Provider Network

Providers must have a valid state license in Illinois, or in the state in which they render service to BCBSIL members, have signed the Mutual Participation Program (MPP) contract and the PPO Plus Addendum contract. To confirm PPO participation in the PPO network use the Provider Search Tool on our Web site at www.bcbsil.com. The PPO network eligible providers are:

- Physicians
- Osteopaths
- Chiropractors
- Podiatrists
- Licensed Clinical Social Workers (LCSWs)
- Clinical Psychologist
- Certified Nurse Midwives
- Certified Registered Nurse Anesthetist (CRNA)
- Licensed Clinical Professional Counselors (LCPCs)
- Independent Laboratories
- Therapists (Physical, Speech and Occupational)

BluePrint PPO (cont.)

Facility Provider Network

PPO contracted facilities consist of the following network provider types:

- Hospitals
- Coordinated Home Care (CHC)
- Hospice
- Skilled Nursing Facility (SNF)
- Surgi-Centers
- Renal Facilities

Precertification Requirements

The BluePrint product includes a provider driven precertification requirement for inpatient hospital services. When the BluePrint member uses an in-network BCBSIL hospital, the hospital – not the member - is responsible for contacting the Medical Service Advisory (MSA) Department. If the member uses an out-of-network hospital or an out of state hospital, the member must call the MSA to receive the highest level of benefits.

Referrals

When a referral for a covered member is necessary, the provider must make every effort to refer the member to in-network PPO providers, hospitals, and laboratories that are required by some contracts. Providers must remember that referrals to out-of-network providers could result in reduced benefits for the member. To confirm PPO participation use the Provider Search Tool on our Web site at www.bcbsil.com. These directories are available to employees from their employers.

Benefits

- In-network benefits: Members must use participating providers to receive comprehensive benefits.
- Out-of-network benefits: Providers may use non-participating providers, but this will result in a reduction of benefits.

Specific benefits vary according to individual or employee contracts. Providers should access THIN Online functions for specific member benefits or call the Provider Telecommunications Center (PTC) at (800) 972-8088.

BluePrint PPO (cont.)

Copayment

The BluePrint PPO health benefit plan offers different options for copayments. The copayment will be listed on the health insurance identification card.


The copayment options are:


Office Visit	\$10	or	\$20
Emergency Visit	\$50	or	\$75

Deductible and Coinsurance

BluePrint offers a wide range of deductible and coinsurance options ranging from 80% to 100% for coinsurance and from zero dollars to a thousand dollar option for deductible.

BluePrint PPO Health Insurance Identification Card

 **BlueCross BlueShield of Illinois**
An Independent Licensee of the Blue Cross and Blue Shield Association




DOE, JOHN

Identification No. **XOF123456789**

Copays:
Office Visit \$10
Emergency \$50

GROUP NUMBER **P12345** BS Plan Code 621 BC Plan Code 121

Single **DENTIF**

 *Advance PCS*
BIN:004336 PCN: ILDR
RxGroup: ILDR Rx

Medical Services Advisory 1-800-232-7108: For all Illinois PPO Hospital Admissions, Hospital must call. For Non PPO or Out of State Hospital Admissions, Member must call.

Mental Health/Chemical Dependency 1-800-851-7498: Member must call prior to hospital admission or within 2 days of emergency admission.


See your Certificate for complete details.
To locate a participating PPO Provider in your service area or when traveling:
1-800-810-BLUE (2583)


To Providers: Hospitals and Physicians should file claims to their local Blue Cross Blue Shield Plan.

To Member: If your provider has not filed a claim on your behalf, submit your claims to:
Blue Cross Blue Shield of Illinois
P.O. Box 1364
Chicago, Illinois 60690-9937

Member Services: 1-800-541-2763
Pharmacy Network Information: 1-888-410-8823

www.bcbsil.com FMT 171

 **BlueCross BlueShield of Illinois**
An Independent Licensee of the Blue Cross and Blue Shield Association




DOE, JOHN

Identification No. **XOF123456789**

Copays:
Office Visit \$20
Emergency \$75

GROUP NUMBER **P12345** BS Plan Code 621 BC Plan Code 121

Single **DENTIF**

 *Advance PCS*
BIN:004336 PCN: ILDR
RxGroup: ILDR Rx

Medical Services Advisory 1-800-232-7108: For all Illinois PPO Hospital Admissions, Hospital must call. For Non PPO or Out of State Hospital Admissions, Member must call.

Mental Health/Chemical Dependency 1-800-851-7498: Member must call prior to hospital admission or within 2 days of emergency admission.

See your Certificate for complete details.
To locate a participating PPO Provider in your service area or when traveling:
1-800-810-BLUE (2583)

To Providers: Hospitals and Physicians should file claims to their local Blue Cross Blue Shield Plan.

To Member: If your provider has not filed a claim on your behalf, submit your claims to:
Blue Cross Blue Shield of Illinois
P.O. Box 1364
Chicago, Illinois 60690-9937

Member Services: 1-800-541-2763
Pharmacy Network Information: 1-888-410-8823

www.bcbsil.com FMT 172

BlueEdgeSM Participating Provider Option (PPO)

Description

BlueEdge is a PPO consumer driven healthcare plan that gives members the flexibility and freedom to choose any PPO provider and to choose how their health care dollars are spent. BlueEdge provides Internet tools to members so that they may take an active role in managing their health care needs. (See page 31 for details on the specific online tools that are available to members)

BlueEdge is a standard PPO Plan with several features that differentiate it from other PPO plans:

- The employer establishes a Health Care Account (HCA) for each employee enrolled in BlueEdge. The HCA is a specific dollar amount per year for initial health care costs, for example, \$750 for an individual and \$1500 for a family. Although there is a higher deductible than most PPO Plans the money spent from the HCA counts toward meeting the deductible. BlueEdge PPO benefits, which are the same as standard PPO benefits, become effective when the HCA funds are spent and deductibles are met.
- BlueEdge PPO covers preventive wellness and routine care at 100% in-network even before a deductible is taken. Preventive wellness includes:
 - Physicals and routine check-ups
 - Diagnostic tests
 - Routine lab
 - Routine x-rays
 - Mammograms
 - Well child care and immunizations

Provider Network

The BlueEdge network is the same as the standard BCBSIL PPO network. Providers who have a PPO contract with BCBSIL do not need to re-contract for BlueEdge. Eligible providers include:

PPO Hospital Network	PPO Professional Network
Hospitals	Physicians
Coordinated Home Care (CHC)	Osteopaths
Hospice	Chiropractors
Skilled Nursing Facility (SNF)	Podiatrists
Surgi-Centers	Licensed Clinical Social Workers (LCSWs)
Renal Facilities	Clinical Psychologists
	Certified Nurse Midwives
	Certified Registered Nurse Anesthetist (CRNA)
	Licensed Clinical Professional Counselors (LCPCs)
	Independent Laboratories
	Therapists (Physical, Speech and Occupational)

BlueEdgeSM Participating Provider Option (PPO) (cont.)

Provider Network (cont.)

Additionally, National and International PPO providers are available to PPO members through the BlueCard Program.

Locating PPO Network Providers

- **Local and National**
PPO network providers can easily be located at www.bcbsil.com by selecting Provider Finder^R or call BlueCard Access at (800) 810-BLUE (2583).
- **International**
PPO providers can be located by calling BlueCard Access at (800) 810-BLUE (2583)

Benefits

BlueEdge PPO benefits, which are the same as standard PPO benefits, become effective when the HCA funds are spent and deductibles met.

- In-network benefits: Members must use participating providers to receive comprehensive benefits
- Out-of-network benefits: Members may use non-participating providers, but this will result in a reduction of benefits.

Specific benefits and coinsurance amounts may vary for each employer group. To determine eligibility and specific benefits you may access THIN Online. If you do not have access to THIN Online and are interested, you may find out information and download all of the necessary forms to sign up for this free service at <http://www.bcbsil.com/provider/ec/thinonline.htm>. You may also call the Provider Telecommunication Center (PTC) at (800) 972-8088 for eligibility and benefits.

Referrals

When a referral for a covered member is necessary, the provider must make every effort to refer the member to in-network PPO providers. Providers must remember that referrals to out-of-network providers could result in reduced benefits for the member. Providers or members may log on to www.bcbsil.com for the Provider Finder^R to search for a PPO provider.

BlueEdgeSM Participating Provider Option (PPO) (Cont)

Precertification Requirements

Like most PPO contracts plan notification and MSA approval for inpatient hospital admissions is required. Some employer accounts require notification and approval for specified outpatient procedures as well. Additionally care for mental health and substance abuse generally requires notification and authorization. Specific time frames for notification vary according to employer requirements; this information along with notification phone numbers is listed on the back of the member's identification card, or you may access the data base THIN Online or call the PTC at (800) 972-8088. If you do not have access to THIN Online and are interested, you may find out information and download all of the necessary forms to sign up for this free service at <http://www.bcbsil.com/provider/ec/thinonline.htm>.

Co-payments

There are no co-payments for the BlueEdge PPO plan.

Billing and Reimbursement

Claims are submitted to BCBSIL in the CMS-1500 or UB-92 format.

Services are reimbursed directly to PPO providers:

- Professional providers are paid the PPO SMA allowance.
- Facility providers are paid their PPO contractual allowance.
- Subsequent to receipt of the PCS, the patient may be billed for any remaining deductible and coinsurance amount.

Deductible

BlueEdge claims are paid by BCBSIL from the HCA until the amount is used up. The amount paid from the HCA goes toward meeting the deductible. The member becomes responsible for the deductible, as well as the co-insurance, when the HCA funds are spent. Any amount not spent from the HCA rolls over to be added to the next yearly HCA amount.

There is no deductible for preventive/wellness visits. These services are paid at 100% even before the deductible is met.





BlueEdgeSM Participating Provider Option (PPO) (Cont)

Online Tools Available to Members

BlueAccess for Members is a Blue Cross and Blue Shield online service to review the status of their Health Care Account (HCA) including current balance and payments made to date. Members can check the status of a claim, view the EOB and confirm who is covered under their plan. They are given the option to receive e-mail notification when a claim for a member or dependent has been finalized by BCBSIL.

Also extensive health and wellness information is available online through a contractual arrangement with Mayo Clinic. The expertise and resource of Mayo Clinic allows Blue Cross and Blue Shield to bring members practical useful health information – whether they want to improve their overall health, manage a chronic health condition or prepare for a specific medical treatment. Mayo clinic has even created custom health materials just for Blue Cross and Blue Shield members. All information is available through Blue Access for Members.

BlueEdge PPO Identification Card

 	<p>To the Member: Your contract requires that you contact the Medical Services Advisor (MSA) prior to inpatient admissions, skilled nursing care, private duty nursing and home care within 2 business days of an admission for emergency or maternity care. For questions regarding benefits, membership and claims for medical care, please call the customer service number.</p> <p>Medical Pre-certification: 1-800-572-3089 Mental Health/Chemical Dependency 1-800-851-7498</p> <p>Member must call prior to inpatient admission for mental health or chemical dependency treatment, or within 2 business days of emergency admission.</p> <p>This number is available 24 hours per day, 7 days per week. FAILURE TO CONTACT EITHER MSA OR MENTAL HEALTH/CHEMICAL DEPENDENCY UNIT MAY REDUCE YOUR AVAILABLE BENEFITS</p> <p>Provider Locator for Employees: To find a PPO Provider in your service area or when traveling, please call: 1-800-810-BLUE (2563).</p> <p>To Hospital/Physician: Please file all claims with your local BlueCross BlueShield Plan.</p> <p>To the Member: If a provider does not submit your claim on your behalf, please contact your Customer Service Unit. Pharmacy Program: 1-800-423-1973</p> <p>Customer Service: 1-800-409-9462 For claims information via the internet: www.bcbsil.com</p> <p>BlueCross BlueShield of Illinois, an independent licensee of the BlueCross and BlueShield Association, provides administrative claims payment service only and does not assume any financial risk or obligation with respect to claims.</p>
<p>BlueCross BlueShield of Illinois</p> <p>DOE, JOHN</p> <p>Identification No. <input type="text" value="XOF112223333"/></p> <p>Group No. P12345 BS Plan Code 621 BC Plan Code 121</p> <p> Advance PCS BIN:004336  PCN/RxGroup: ILDR</p>	