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Traditional Coverage

Basic Benefits

Basic medical/hospital benefits are a part of most insurance coverage. Basic benefits vary depending on the scope of the benefits purchased; but the coverage usually includes the average cost of a semi-private hospital room, general nursing services, and inpatient physician services including surgery and medical care. Inpatient ancillary services are also a part of these benefits, including operating and treatment room coverage, anesthetics, oxygen and its administration, blood and blood plasma, drugs and medicines, dressings, and medical/surgical supplies.

Major Medical (MM)

Description

This is a component of basic Blue Cross and Blue Shield coverage that pays a certain percentage of all eligible medical expenses that the member incurs during the benefit period. Those expenses not covered by basic health insurance include such services as office visits, allergy injections, outpatient radiation therapy, chemotherapy, prescription drugs, purchase or rental of Durable Medical Equipment (DME), private duty nursing and outpatient psychotherapy.

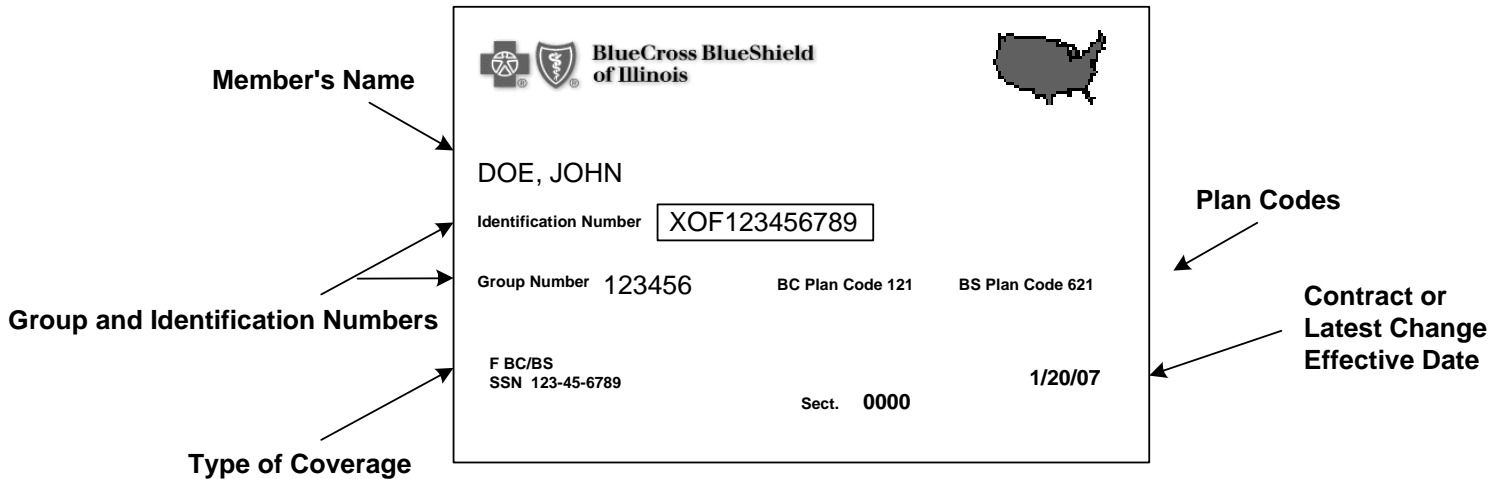
Comprehensive Major Medical (CMM)

Description

Comprehensive Major Medical is a blending of basic Blue Cross Blue Shield and Major Medical coverage. Services that fall into either Blue Cross Blue Shield or Major Medical coverage are paid at the same level, with one deductible amount and coinsurance level for all services in a benefit period. Specific deductibles, coinsurance levels and out-of-pocket expense limits depend on specific group contracts.

Standard Insurance Card Elements

Blue Cross and Blue Shield of Illinois (BCBSIL) offers a wide variety of health care products. Each member's card contains billing and benefit information. When filing a BCBSIL claim, two of the most important elements are the member's group and identification numbers. This is an example of a standard I.D. card. (See the provider product sections for examples of other cards that identify the member benefit plan.)



There are two types of alpha prefixes at the beginning of the identification number:

- Plan-specific
- Account-specific
- **Plan-specific alpha prefixes** are assigned to every Plan and start with X, Y, Z or Q. The first two positions indicate the Plan to which the member belongs while the third position identifies the product in which the member is enrolled.
 - First character X, Y, Z or Q
 - Second character A-Z
 - Third character A-Z

“XO” Identifies the Illinois Plan

- **Account-specific prefixes** are assigned to centrally processed national accounts, which are employer groups that have offices or branches in more than one area, but offer uniform coverage benefits to all of their employees. Account-specific alpha prefixes start with letters other than X, Y, Z or Q. Typically, a national account alpha prefix will relate to the name of the group. All three positions are used to identify the national account.

Standard Insurance Card Elements

The third letter identifies the product in which the member is enrolled. Each BCBS Plan has their identifying letters. The following identifies the Illinois products:

- XOP PPO (Participating Hospitals only)
- XOC PPO Plus (Participating Hospitals and Physicians)
- XOM BlueChoice
- XOY BlueChoice Select
- XOF PPO Portable
- XOH HMO (HMO Illinois and BlueAdvantage HMO)
- XOT Traditional (Comprehensive Major Medical)
- XOD Dental
- XOS Medicare Supplemental – Individual
- XON Medicare Supplemental – Group

Type of Coverage Codes

S	Single Coverage
F	Family Coverage
BC/BS	Blue Cross and Blue Shield
C/S/M	Blue Cross, Blue Shield and Supplemental Major Medical
BC	Blue Cross Only
BS	Blue Shield Only
MM	Supplemental Major Medical Only
BC/MM	Blue Cross and Supplemental Major Medical
BS/MM	Blue Shield and Supplemental Major Medical
CMM	Comprehensive Major Medical
DENTS	Dental Coverage - Single Only
DENTF	Dental Coverage – Family

The back of the identification card (see below) lists important information:

- MSA Precertification Telephone Number
- Mental Health/Chemical Dependency Telephone Number
- Provider Locator Telephone Number
- Claim Filing Instructions

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

MSA: 1-800-572-3089

Mental Health/Chemical Dependency: Prior to any inpatient admission for mental health or chemical dependency, or within two business days of an emergency admission, you must call the Mental Health Chemical Dependency Unit 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 CHEMICAL DEPENDENCY UNIT MAY REDUCE YOUR AVAILABLE BENEFITS.

Provider Locator: Employees needing to find a PPO provider in your service area or when traveling, please call **1-800-810-BLUE (2583)**.

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 to Blue Cross and Blue Shield of Illinois, P.O. Box 805107, Chicago, Illinois 60680-4112.

Customer Service: 1-800-409-9462

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