
BlueCross BlueShield of Illinois

PPO Basic and PPO Advantage + HSA
Your Guide to the National Participating Provider Option Plan

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Enrolling in PPO Basic or PPO Advantage + HSA

Joining either PPO Basic or PPO Advantage is simple — just follow your employer’s instructions. For more information, visit the website at bcbsil.com/ajg. Once you are a member, you can call the toll-free number on the back of your ID card to speak with a customer advocate.

Welcome to BCBSIL!

Smart choices can have an immediate and positive impact on your health. Blue Cross and Blue Shield of Illinois is committed to keeping you well by making you aware of largely preventable safety and health issues through this website.

www.besmartbewell.com

where awareness and prevention meet be smart. be well.
Nearly one in every three Americans has a Blue Cross and Blue Shield product.

Experience
Preventive care is essential to maintaining a healthier life, and no one understands this better than Blue Cross and Blue Shield of Illinois (BCBSIL). For 75 years, BCBSIL has provided quality health care benefits and services to its members and communities. BCBSIL provides members with the programs and support to create customized wellness action plans, make smarter health care choices and help manage their health care.

Your Journey to Wellness
Wellness is defined as the state of being healthy in body and mind, especially as the result of deliberate effort. The choices you make each day can affect your health now and in the future. Deciding on the best approach for a healthier lifestyle can be challenging, but it may be easier than you think.

BCBSIL offers access to convenient online tools and resources to help you plan and manage your health care. BCBSIL health care plans include flexible options with the right combination of benefits, choice of providers and access to a wide variety of educational resources. Whether you are trying to improve your health or reach the next level of wellness, BCBSIL is here to help.

Take time to explore what BCBSIL has to offer. The coverage options, tools and resources can help you on your journey to wellness.
You have a choice of two health care plans for your medical and pharmacy coverage. The PPO Basic health care plan is a traditional Participating Provider Option plan. Your second option is called PPO Advantage + HSA, a consumer driven plan with a high deductible and a Health Savings Account (HSA).

PPO Basic and PPO Advantage share many plan attributes. For instance, both plans share the same PPO contracting provider network. You will enjoy freedom of choice, flexibility, a broad range of benefit options and access with either PPO plan you choose. There is no need to select a primary care physician because you can choose a doctor whenever you need care. You do not need a referral to see a specialist or to get another opinion about a medical condition. The provider choice is always yours.

When you receive care from a PPO network provider, there are no claim forms to complete and no balance billing because contracting PPO providers have agreed to accept BCBSIL’s negotiated rates as payment in full. Once you meet the annual deductible, there are no up-front payments for medical services with the exception of applicable copayments, coinsurance and charges for non-covered services. Check your employer’s group plan for details about your specific coverage.

Take Responsibility for Your Health and Your Health Care Costs
Everyone has a responsibility to try to help lower costs by engaging in healthy behaviors and avoiding situations that work against your good health. Check out the Blue Care Connection® and BlueExtras™ sections in this guide for ideas on how to improve your health. Tips for being a savvy health care consumer:

1. Take advantage of your wellness and preventive care benefits.
2. Choose generic drugs whenever possible.
3. Avoid unnecessary trips to the emergency room – call your doctor first unless you have an actual emergency.
4. Be informed and responsible – ask questions about your care, make sure you understand any instructions and follow up on medical care and medications as instructed.
5. Follow a healthy lifestyle – eat right, exercise, don’t smoke.
6. Be safe – use a seat belt and wear protective safety gear, such as bicycle helmets.
7. Use the Personal Health Manager to help take charge and improve your overall health.
8. Check your Explanation of Benefits statements to make sure everything is correct. Contact customer service at the toll-free number on the back of your ID card if something doesn’t look right.
9. Ask your doctors exactly what tests or procedures they want you to have and why. Ask why the tests or procedures are necessary before you have them. Find out if there is an equally effective, but less expensive alternative.
10. Be sure any referrals you receive from your network provider are to other network doctors or facilities so you are receiving benefits at the highest level.
11. Comparison shop when possible – ask about providers’ training, experience and prices. Use the Cost Estimator, located under the My Coverage tab at bcbsil.com/ajg to check numbers of procedures performed and outcomes.
The following Benefits Overview applies to both the PPO Basic and PPO Advantage plans. See page 10 for specific features of the PPO Advantage plan.

PPO Basic and PPO Advantage plans include an annual deductible that you must satisfy before your benefits begin. Qualified medical expenses are applied toward your deductible.

**PPO Network**
Among the advantages of joining the BCBSIL PPO plan is the large network of contracting providers linked through the national BlueCard® program. When you join either PPO plan option, you have access to contracting health care providers that include hospitals, physicians, therapists, behavioral health professionals and alternative care practitioners.

To find a contracting doctor or hospital, just go to bcbsil.com/ajg and use the Provider Finder® or call BlueCard Access at 800-810-BLUE (2583) for help. Once you become a member, you can also call the toll-free customer service number on the back of your member ID card.

When you receive care from PPO network providers, your benefits are paid at the highest level. You always have the option to receive care outside the network, but your benefits will be paid at a lower level and you may be subject to balance billing from the doctor or hospital.

**Medical Care**
Your benefits may include coverage for:

- physician office visits
- inpatient hospital services
- outpatient hospital services
- outpatient surgery and diagnostic tests
- maternity care
- hospital emergency medical and accident treatment
- breast cancer screenings
- cervical cancer screenings
- physical, speech and occupational therapies
- behavioral health and substance abuse treatment

Check your employer’s group plan for your specific coverage.
Preventive Care
Your coverage includes preventive care benefits for children and adults, including physical exams, diagnostic tests and immunizations. Check your group plan for the specific coverage.

Emergency Care
See your plan document for specifics on definitions of emergency treatment. In an emergency, you should seek care from an emergency room or other similar facility. Call 911 or other community emergency resources to obtain assistance in life-threatening situations. Your group plan requires that you, a family member or friend contact BCBSIL if you are admitted to the hospital.

National and International Coverage
National
You have nationwide access to contracting providers in PPO networks linked through the BlueCard program when you or your covered dependents live, work or travel anywhere in the country. The national network includes more than 85 percent of all physicians and hospitals in the country. Be sure to use a BlueCard network provider to receive the highest level of benefits.
With the BlueCard program, there are two ways to locate contracting doctors and hospitals:

- Visit bcbsil.com/ajg to find provider names and locations using the Provider Finder. Maps and driving directions are also available.
- Call the toll-free customer service number on the back of your ID card.

**International**

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

Providers that participate in the BlueCard Worldwide® program, in most cases, will not require you to pay up-front for inpatient care. You are responsible for the out-of-pocket expenses such as a deductible, copayment, coinsurance and non-covered services. The doctor or hospital should submit your claim.

You also have coverage at non-contracting hospitals, but you will have to pay the doctor or hospital for care at the time of service. Then submit an international claim form with original bills. Call the toll-free customer service number on your ID card for the address to send the claim. You can get a claim form from your employer, customer service or online at bcbsil.com/ajg.

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

After you’ve enrolled, you can use Blue Access for Members℠ (BAM), the secure online service, to:

- Check the status of a claim
- View your Explanation of Benefits statement
- Confirm who is covered under your plan
- Choose to receive an email when a claim for you or a dependent has been finalized by BCBSIL

Use the Cost Estimator tool, located under the My Coverage tab in BAM, to find individual hospital’s outcome data for specific diagnoses and procedures. Quickly compare hospital performance factors such as average length of stay, how many procedures the hospital has performed, complication rates and the cost of various procedures.
Blue Care Connection
Blue Care Connection provides personalized attention, support, online resources and health advocacy, helping members find the right resources, optimize their health care benefits and manage their medical conditions.

Utilization and Case Management
These programs can help you understand your benefits and identify health care resources. Your plan requires you or your physician to call before being admitted for inpatient hospital care, after being admitted in an emergency and for maternity care (after you learn the expected date of delivery and after admission for delivery). The toll-free number and notification requirements are on your ID card. If you or your physician do not call within the required timeframe, your benefits may be reduced and you may have higher out-of-pocket costs.

Behavioral Health and Substance Abuse
Behavioral health professionals help members find providers for mental health and substance abuse treatment and authorize members’ inpatient care or partial hospitalization. Staff members take calls 24 hours a day, seven days a week at the telephone number on your member ID card.

24/7 Nurseline
Call the 24/7 Nurseline at 800-299-0274 for answers to your health-related questions 24 hours a day, seven days a week. Plus, you have the option to learn about more than 1,000 health topics over the phone using the audio library system.

Special Beginnings®
Special Beginnings helps expectant members better understand and manage their pregnancies by providing support and education, pregnancy risk factor identification, access to a pregnancy resource website and ongoing communication/monitoring. The program offers support from early pregnancy until six weeks after delivery.
BlueExtras®
Through the BlueExtras discount program, members are eligible to save money on value-added health care products and services that help support healthy lifestyles. There are no claims to file, no referrals and no pre-authorizations.

Complementary Alternative Medicine
Complementary Alternative Medicine (CAM) includes a variety of therapies that may help to increase wellness, prevent illness and address existing symptoms and conditions in conjunction with conventional health care (when applicable). Through your BCBSIL membership, you’re automatically eligible to receive discounts from a network of more than 35,000 practitioners, spas and wellness and fitness centers. You’re also eligible to receive discounts on vitamins, herbal supplements and health-related magazines. Your medical plan may provide benefits for chiropractic, physical, occupational and other therapies, as well as certain registered dietitian services. In that case, you should use the medical plan benefits before the BlueExtras discount.

For more information, go to wholehealthmd.com (also accessible through BAM) or call 866-656-6069.

Weight Management
• The Jenny Craig Program is a long-term solution for weight loss and healthy weight management that teaches you how to create a healthy relationship with food, build an active lifestyle and develop a balanced approach to living.** To find the nearest Jenny Craig Centre, or to enroll in Jenny Direct®, the at-home program, call 800-96-JENNY (800-965-3669) or visit the Jenny Craig website at jennycraig.com/corporatechannel/bcbsil.aspx.***
• Seattle Sutton’s Healthy Eating® offers convenient delivery or pick-up (availability of pick-up option is based on the participant’s location) of freshly prepared, calorie-controlled meals designed to help with weight loss and management of certain health conditions.*** For more information about the program or to find a location near you, visit seattlesutton.com.
• Life Time Fitness offers a complete health fitness experience no matter your fitness level, interests, schedule or budget.** For BCBSIL members who join as new members to this full-service health club, Life Time Fitness will waive the enrollment fee and provide you with a complimentary service offered at one of the clubs.**** For more information, visit BAM or the Life Time Fitness website at lifetimefitness.com, where you can find a seven-day pass to the location nearest you.

Vision
Save on eyeglasses (frames and lenses), as well as contact lenses, laser vision correction services, examinations and accessories through Davis Vision, one of the nation’s leading providers of routine vision care programs.** For a list of Davis Vision providers near you, go to bcbsil.com/ajg to use Provider Finder. The Davis Vision network consists of major national and regional retail locations, such as EyeMasters and Visionworks, as well as independent ophthalmologists and optometrists. For more information, call 877-393-8844 or visit davisvision.com.

Hearing
Through TruHearing, you can save on digital hearing aids and have your hearing tested at no additional cost when performed for the purpose of fitting a hearing instrument by a licensed hearing specialist.** Enjoy a 45-day moneyback guarantee, a three-year warranty, a one-year supply of batteries and a selection of hearing aid styles at various price levels. For more information, call 800-687-4617 or go to truhearing.com.

*BlueExtras is a discount program available to members. Some of the services offered through BlueExtras may be covered under your health plan. Please refer to your benefit booklet or call the customer service number on the back of your ID card for specific benefit information under your health plan. Discounts are only available through practitioners participating through Healthways in the CAM discount program. Use of BlueExtras does not affect your premium, nor do costs of BlueExtras’ services or products count toward any maximums and/or plan deductibles. Discounts are only available through participating vendors. BCBSIL does not guarantee or make any claims or recommendations regarding the services or products offered under BlueExtras. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.

**The relationships between Blue Cross and Blue Shield of Illinois and CAM, Jenny Craig, Seattle Sutton, Life Time Fitness, Davis Vision and TruHearing are of independent contractors.

*** Plus the cost of food and shipping where applicable. Discounts apply to fee to join only. Offer good at participating Centres and Jenny Direct® in United States, Canada and Puerto Rico. Subject to change. Franchisee participation and discounts may vary. This is a discount program available to Blue Cross and Blue Shield of Illinois members but is not a service covered by a benefit contract.

**** Proof of Blue Cross and Blue Shield of Illinois coverage is required. The $0 enrollment fee is available only to new membership contracts beginning July 1, 2009. An administrative fee applies to all memberships ($85 for Single and $85 for Family memberships). Monthly dues and state taxes may also apply and will vary by location. Membership prices, dues and fees are subject to change at any time. Other restrictions may apply. See a Life Time Fitness Member Advisor for details. Always check with the Life Time Fitness club in your area for the current promotional offer, which is subject to change.
Prescription Drug Benefits
Your medical plan coverage includes prescription drug benefits, administered through Medco. You will receive a separate card from Medco to use when filling your prescriptions. Your Rx cost will depend on the type of drug (generic, preferred, non-preferred, or specialty) and where you fill your prescription (retail pharmacy or mail order). If you are enrolled in the PPO Basic medical plan, then your Rx costs will be applied to the same out-of-pocket maximum as your medical expenses. If you are enrolled in PPO Advantage+HSA, then Rx costs are applied to the plan deductible before benefits begin. For questions about your prescription drug benefits, please contact Medco at 866-808-0968 or www.medco.com.

Reconstructive Surgery Following Mastectomy
Federal and state of Illinois legislation require group health plans and health insurers to provide coverage for reconstructive surgery following a mastectomy. Specifically, these laws state that health plans that cover mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications for all stages of mastectomy, including lymphedemas.

Your coverage may also include benefits for annual and baseline mammograms. Check your group plan documents for details.

Fraud Hot Line
You are encouraged to report any information about health care fraud. BCBSIL’s fraud hot line is available 24 hours a day, seven days a week toll-free at 800-543-0867. For more information about the fraud awareness program, go to bcbsil.com/sid.

Hearing Impaired Phone Lines

<table>
<thead>
<tr>
<th>English</th>
<th>Spanish</th>
</tr>
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<tbody>
<tr>
<td>TTY Only: 800-526-0844</td>
<td>TTY Only: 800-501-0864</td>
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PPO Advantage + HSA Benefits

PPO Advantage + HSA is a new health care plan option. It is a consumer-directed product that lets you decide how, when and where your health care dollars are spent. PPO Advantage combines a PPO plan with a tax-exempt health savings account (HSA) to help cover the health care expenses you pay out of pocket, such as copayments and deductibles.

The PPO Advantage Plan has Four Important Components

- **Preventive care and wellness visits** for adults and children are covered when you use network providers.* You don’t need to meet the deductible to enjoy these benefits.

- **Health plan benefits**, including medical and pharmacy benefits, begin after you meet the deductible. You have the freedom to choose any doctor whenever you need care, but choosing a contracting network doctor will get you the highest level of benefits.

- **HSA funds** can be used to pay for health care expenses. Deposits to the account can be made by you, your employer or anyone else. Contributions, potential interest gains and distributions from HSAs are tax free when they are used for qualified HSA medical expenses.

HSA balances roll over from year to year and the account is portable, which means that you keep the account even if you change medical plans or jobs, or if you retire. Funds in the HSA can be used to pay for qualified medical expenses, and PPO-eligible expenses count toward your annual deductible.

- **Online decision tools** can help you manage your health care and your health care spending as well as increase your awareness and knowledge of health issues.

Network Information

Use the Provider Finder at bcbsil.com/ajg to see if your doctor is in the network or to search for another network provider. You may also call BlueCard® Access toll-free at 800-810-BLUE (800-810-2583) for provider information. Once you become a member, you can call the toll-free customer service telephone number on the back of your ID card for assistance.

*Coverage levels vary by health plan, so refer to your plan documents for details.
Health Savings Account Administration
Your HSA is administered by a separate custodian – not BCBSIL. Your employer has chosen HSA Bank and if you seek care from contracting PPO providers, BCBSIL will process the claim and determine your liability for the qualified medical expense, if any. If you owe any remaining dollars, the amount will be listed on your Explanation of Benefits statement and you may use the debit card or checkbook supplied by HSA Bank, or your own personal funds to pay any balance due to the provider.

Special Notice about HSAs
Under IRS regulations, anyone enrolling in this health plan should be aware that any adult can contribute to an HSA if he/she:

• Has coverage under an HSA-qualified high deductible health plan (HDHP)

• Has no other first-dollar medical coverage (other types of insurance such as specific injury insurance or accident, disability, dental care, vision care, or long-term care insurance are permitted). This means all medical and pharmacy benefits, except preventive care benefits, apply to the deductible before the plan pays.

• Is not enrolled in Medicare

• Cannot be claimed as a dependent on someone else’s tax return

There are other regulations regarding contributions and distributions. If you are enrolling in a plan that includes an HSA, you should first seek professional tax counsel to determine if your individual situation permits use of an HSA. If you have a flexible spending account (FSA), check with your employer to confirm that you are eligible for an HSA. When you have both accounts, the FSA is considered a limited purpose account that can only be used for certain expenses.

*The relationship between Blue Cross and Blue Shield of Illinois and HSA Bank is that of independent contractors. HSA Bank is a separate company that is solely responsible for administration of the health savings account associated with the PPO Advantage HSA plan. Please note that the HSA is a separate account established by the member in accordance with an agreement with an independent third-party bank over whom Blue Cross and Blue Shield of Illinois has no control or right of control.
Tens of millions of people in the United States get the flu each year. Most recover within a week or two, but about 114,000 people each year get sick enough to be hospitalized, and about 36,000 people die each year from the flu.

Frank and Christine and their two children have PPO Advantage + HSA family coverage through Christine’s employer. The plan is paired with an HSA that includes a debit card and checks from the HSA administrator.* At the beginning of the year, Frank and Christine put $3,000 into their HSA (the contribution cannot exceed the maximum determined annually by the IRS).

**Year One**

Christine’s HSA annual contribution = $3,000
Christine’s annual family deductible = $3,000

Frank and Christine had physicals and preventive care lab tests.†
- $580 was paid by the preventive care benefit.

Both children had annual physicals and routine immunizations.
- $320 was paid by the preventive care benefit.

Frank tore a ligament in his knee that required surgery.
- Charges of $675 for the emergency room visit were paid with the HSA debit card, which counts toward the deductible.††

- Surgery charges were $6,000. Frank paid $2,325 with the debit card. With this, the $3,000 family deductible had been satisfied and health plan benefits began. Of the remaining $3,675, the health plan paid 80 percent ($2,940) and Frank paid his 20 percent coinsurance ($735).

Christine saw a dermatologist and had several moles removed.
- Charges were $1,200. The health plan paid 80 percent ($960), and Christine paid her 20 percent coinsurance ($240).

All of the HSA money was spent so there was no amount to roll over to next year.

**Year Two**

Frank and Christine decide to contribute $3,000 once again to their HSA at the beginning of the year

Frank and Christine had physicals and preventive care lab tests.
- $525 was paid by the preventive care benefit.

Both children had annual physicals.
- $275 was paid by the preventive care benefit.

Christine saw her dermatologist for a follow-up visit.
- She paid for the $175 visit with the HSA debit card, which also counted toward the deductible.

Frank participated in a smoking cessation program.
- The program cost $450 and he paid for it with a check from the HSA. This expense did not count toward the deductible.

At the end of year two, $2,375 remains in the HSA and this rolls over to the next year.

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*The provider should first submit your claim for processing so that you receive benefits at the Blue Cross and Blue Shield of Illinois negotiated rate. You may then use the debit card or checks to pay any balance due to the provider.
†In these examples, in-network preventive care is covered at 100%. Not all groups cover preventive care. Ask your employer for details.
††Funds must be available in your health savings account before you can use them to pay for medical services. Ask your employer when funds will be deposited to your account (each pay period, quarterly, annually, etc).

PPO Advantage + HSA Example

Frank and Christine

How it Works

bcbsil.com/ajg
Liz has PPO Advantage + HSA coverage through her employer. Her plan is paired with an HSA. The HSA administrator issues Liz a debit card and checks that can be used to pay for eligible health care expenses that aren’t covered by the health plan.*

**Year One**

Liz’s HSA annual contribution = $1,500 (Liz contributes $750 and her employer contributes $750. The combined contribution cannot exceed the maximum determined annually by the IRS.)

Liz’s annual deductible = $1,500

* **Liz had a physical and preventive care lab tests.†**
  - $225 was paid by the preventive care benefit.

  **She injured her back and saw a specialist in the network.**
  - Charges totaled $315, which Liz paid with her HSA debit card.††
    - This amount was also applied to the deductible.

  **She had six physical therapy visits for her back with a physical therapist who is part of the network.**
  - Each therapy session cost $175, for a total of $1,050. Liz paid with her debit card and the total was applied to her deductible.

  **Liz broke her leg.**
  - Total charges were $3,000. Liz paid $135 from her debit card, which satisfied the annual $1,500 deductible, leaving $2,865.
    - Health plan benefits paid 80 percent ($2,292) and Liz paid her 20 percent coinsurance ($573).

Liz used all the funds in her HSA.

**Year Two**

Liz and her employer each contributed $750 to her HSA for a total of $1,500

The annual deductible is $1,500

*She had an annual physical and several preventive care lab tests.*
  - $280 was paid by the preventive care benefit.

*She had an eye exam and purchased a year’s supply of contact lenses.*
  - Total charges were $320, which Liz paid with her debit card. Charges for the eye exam count toward the deductible.

At the end of the year, Liz changed health plans. Her HSA is completely portable, so she kept the unspent funds to be used tax free for qualified medical expenses.

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*The provider should first submit your claim for processing so that you receive benefits at the Blue Cross and Blue Shield of Illinois negotiated rate. You may then use the debit card or checks to pay any balance due to the provider.
†In these examples, in-network preventive care is covered at 100%. Not all groups cover preventive care. Ask your employer for details.
††Funds must be available in your health savings account before you can use them to pay for medical services. Ask your employer when funds will be deposited to your account (each pay period, quarterly, annually, etc.).
FAQ | PPO Basic and PPO Advantage + HSA

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

I don’t live in Illinois, but my Explanation of Benefits statement and other information refers to Blue Cross and Blue Shield of Illinois. Why?
Printed materials and the website say “of Illinois” because BCBSIL is the claims administrator for your employer’s benefit program. This means that BCBSIL will process your claims and answer your questions regardless of where you live. You have access to PPO network providers across the country through the BlueCard Program, which includes more than 85 percent of all physicians and hospitals. By using PPO network providers, you receive the highest level of benefits and have fewer out-of-pocket costs.

Whom do I call with questions about my benefits?
Call customer service at the toll-free number on your ID card.

How do I find a doctor in the PPO network?
Go to bcbsil.com/ajg and use the Provider Finder or call customer service.

Do I need a referral from my doctor to see a specialist?
No. With either the PPO Basic or PPO Advantage plans you can see any doctor at any time without a referral. If you see a specialist who is part of the PPO contracting provider network, your benefits will be paid at the highest level. You can also see a specialist who is not part of the network, but your benefits will be paid at a lower level.

What if my doctor says I need to go into the hospital for surgery?
You may need to call BCBSIL prior to your scheduled inpatient admission. Check your group plan for specific requirements. The toll-free number is on the back of your ID card.

bcbsil.com/ajg
What happens if I am admitted to the hospital in an emergency?
Treatment of your emergency condition is always the priority. If you are admitted to the hospital following your emergency room visit, you or someone you designate needs to call BCBSIL at the toll-free number on your ID card. Check your group plan for specific requirements.

How does the prescription drug benefit work?
Your benefits include prescription drug coverage through Medco, which gives you access to a national network of contracting pharmacies. The network includes major chains and most independent pharmacies. When you visit a contracting pharmacy and show your Medco member ID card, the claim is processed immediately at the time of purchase based on your prescription drug benefits.

How can I decide if PPO Advantage + HSA is right for me?
Comparing covered benefits, network providers, the cost of coverage and other out-of-pocket expenses are important when choosing a health plan. BCBSIL offers the Health Plan Cost Estimator tool on its website to help you decide. The tool includes a series of questions to help you decide how PPO Advantage meets your needs and a budgeting feature to assist in the plan selection process. The U.S. Treasury's website provides additional information on HSAs, including who is eligible to participate in an HSA, answers to frequently asked questions and related IRS forms and publications. Visit the Treasury's website at treas.gov and click on “Health Savings Accounts.”

How is PPO Advantage + HSA different from a traditional health plan?
A traditional plan generally pays a percentage of the charges for covered medical expenses only after you satisfy a plan deductible or copayment. With PPO Advantage, your routine preventive care and wellness services are covered. This PPO Advantage plan is compatible with an HSA, so you can set aside tax free funds to help pay eligible health care costs, including your annual deductible, or to accumulate funds like a savings account. Once you meet the deductible, health plan benefits begin. Any unused HSA funds roll over year to year and the account stays with you even if you change benefit plans or jobs, or if you retire.
What is an HSA?
If you have a qualified high deductible health plan, you can establish a tax-exempt HSA with your own funds, those from your employer or both. You can use these funds to pay for qualified medical care services. Qualified expenses also count toward your annual deductible. Balances roll over from year to year and the account is portable, which means it stays with you if you change benefit plans, jobs or if you retire.

What happens to the HSA balance if I leave the PPO Advantage plan?
You own the account. If you move to another HSA-qualified high deductible health plan, you can continue to make deposits to your HSA. Consult professional tax counsel for more information about HSA regulations.

Do I have to pay for preventive medical services from my health savings account?
Most preventive medical services (e.g., routine physical exams, age-based testing and vaccinations) are covered when you receive care from network providers. Check your group plan documents for specific coverage details.

How do claims get paid from my HSA?
If you seek care from contracting PPO providers, BCBSIL will process the claim and determine your liability for the qualified medical expense, if any. If you owe any remaining dollars, the amount will be listed on your Explanation of Benefits statement and you may use the debit card or checkbook supplied by HSA Bank, or your own personal funds to pay any balance due to the provider.