Blue Cross Community Health Plans℠

HealthChoice Illinois
Illinois Department of Healthcare and Family Services

Over-the-Counter Benefits

Managed Long Term Supports and Services (MLTSS)

Customer Service **1-877-860-2837**
TTY/TDD: **711**

www.bcchpil.com

1st Quarter 2025

Blue Cross Community Health Plans is provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

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Blue Cross Community Health Plans℠

Thank you for being a Blue Cross Community Health Plans member. As a member of this plan, you can order plan-approved over-the-counter (OTC) products one time each quarter at no cost to you.

- **Quarter 1:** January-March
- **Quarter 2:** April-June
- **Quarter 3:** July-September
- **Quarter 4:** October-December

You will have a fixed dollar amount to use each quarter. To find out how much is available to you, call Member Services at 1-877-860-2837 (TTY: 711), 24 hours a day, seven days a week, or refer to your member handbook.

To order your OTC products:

There are two easy ways to order your OTC products.

Option 1: Call Member Services at **1-877-860-2837** (TTY: **711**), 24 hours a day, seven days a week. Tell the customer service representative that you would like to place an OTC order and let them know which items you would like. Your order will be shipped to the address you provided within 7-10 days.

Option 2: Place order online at **www.mpaotc.com**.

- If this is your first time placing an online OTC order, you will need to set up an account. To set up an account, you will need your **BCBSIL member ID**, **date of birth**, **ZIP code**, and **email address**. You will need to log in to this account using your member ID and the password you set up. If you forget your password, you can reset it by using the 'Forgot Password?' link.
- When you are logged in to your account, you will see your benefit-dollar amount on the left side of the screen in a green box.
- You can look for products and add them to your shopping cart. Your order total will be taken out of your balance.
- When you are ready to place your order, go into the shopping cart and click 'Checkout'.
- On the Checkout page, confirm your shipping address, review your order and place your order. Your item(s) will arrive within 7-10 business days.
- If you need help creating an account or placing an order, call Member Services at **1-877-860-2837** (TTY: **711**), 24 hours a day, seven days a week.

Things to remember:

- You will need your member ID number to place an order.
- If there are other members in the household ordering, please submit orders separately. Each member will need their own account if ordering online.
- Your order total may not go over the fixed dollar amount set by Blue Cross Community Health Plans.
- Only one order may be placed each quarter. Multiple orders throughout the quarter will not be allowed.
- Any remaining balance will not roll over to the next quarter. If you do not place an order in a quarter, or you do not use the full benefit-dollar amount, the benefit for that quarter will be lost.
- OTC products are intended to help with a health or medical need and are for member use only.
- Because of the nature of the items, returns are not accepted.
- Catalog items and prices may change throughout the year.
- Damaged products must be reported within 30 days. To report a damaged product, please call Member Services at **1-877-860-2837** (TTY: **711**), 24 hours a day, seven days a week.

If you have any questions about your OTC benefit, please call Member Services at **1-877-860-2837** (TTY: **711**), 24 hours a day, seven days a week.

MANAGED LONG-TERM SUPPORTS AND SERVICES (MLTSS) PRODUCT CATALOG				
ANTACIDS, ANTIDIARRHEALS, AND LAXATIVES				
PRODUCT NUMBER	**PRODUCT DESCRIPTION**	**COMPARE TO**	**SIZE**	**PRICE**
253	ANTACID CHEWABLE	TUMS	72 CT	$5.00
320	ANTACID + ANTI-GAS LIQUID	MYLANTA	12 OZ	$8.00
34	BISACODYL 5 MG TABLETS	DULCOLAX	100 CT	$7.00
97	CASTOR OIL		4 OZ	$7.00
32	DOCUSATE 100 MG	COLACE	100 CT	$7.00
318	ENEMA SALINE LAXATIVE	FLEET ENEMA TWIN	4.5 OZ	$3.00
18	FIBER POWDER SUGAR FREE (NON- PSYLLIUM)	BENEFIBER POWDER SUGAR FREE	8.6 OZ	$12.00
308	HEARTBURN RELIEF (FAMOTIDINE 10MG) TABLETS	PEPCID AC	60 CT	$7.00
77	LACTASE CAPLETS	LACTAID	60 CT	$14.00
81	LAXATIVE POWDER (PEG 3350) 14 DAYS	MIRALAX	8.3 OZ	$12.00
57	LOPERAMIDE 2 MG	IMODIUM A-D	24 CT	$6.00
112	MILK OF MAGNESIA	PHILLIPS	12 OZ	$6.00
126	MINERAL OIL		16 OZ	$6.00
79	NATURAL PSYLLIUM FIBER CAPSULES	METAMUCIL CAPSULES	160 CT	$12.00
210	NATURAL PSYLLIUM HUSK POWDER SUGAR FREE	METAMUCIL	10 OZ	$12.00
216	PINK BISMUTH CHEWABLE TABLETS	PEPTO BISMOL	30 CT	$6.00
214	PINK BISMUTH LIQUID	PEPTO BISMOL	8 OZ	$7.00
137	SENNA LAXATIVE 8.6 MG TABLETS	SENOKOT	100 CT	$7.00
220	SENNA 8.6 MG + DOCUSATE 50 MG	PERI-COLACE	100 CT	$7.00
293	SIMETHICONE 80 MG CHEWABLE	GAS RELIEF	100 CT	$7.00

COUGH, COLD, AND ALLERGY				
PRODUCT NUMBER	**PRODUCT DESCRIPTION**	**COMPARE TO**	**SIZE**	**PRICE**
165	CETIRIZINE 10 MG TABLETS	ZYRTEC	100 CT	$12.00
257	CHEST CONGESTION RELIEF 400MG TABLETS	MUCINEX NON NBE	60 CT	$12.00
256	CHEST CONGESTION RELIEF DM 400MG/20MG TABLETS	MUCINEX DM NON NBE	60 CT	$12.00
164	CHEST RUB	VICKS	4 OZ	$6.00
269	COUGH DROPS HONEY LEMON	HALLS HONEY LEMON	30 CT	$4.00
270	COUGH DROPS MENTHOL	HALLS MENTHOL	30 CT	$4.00
161	DAYTIME COLD & FLU SOFTGELS	VICKS DAYQUIL COLD/FLU	16 CT	$6.00
160	DAYTIME COLD AND FLU LIQUID	VICKS DAYQUIL COLD/FLU	12 OZ	$8.00
15	DIPHENHYDRAMINE 25 MG	BENADRYL ALLERGY	24 CT	$5.00
311	FLU HBP MAXIMUM STRENGTH CAPLETS	CORICIDIN HBP	20 CT	$8.00
267	FLUTICASONE NASAL SPRAY	FLONASE 24-HR ALLERGY RELIEF 60 SPRAYS	0.34 OZ	$15.00
312	LORATADINE 10 MG	CLARITIN	100 CT	$13.00
4	NASAL SPRAY ORIGINAL 12-HOUR	AFRIN ORIGINAL	1 OZ	$5.00
162	NIGHT TIME COLD & FLU LIQUID	VICKS NYQUIL COLD/FLU	12 OZ	$8.00
163	NIGHT TIME COLD & FLU SOFTGELS	VICKS NYQUIL COLD/FLU	16 CT	$6.00
205	SALINE NASAL SPRAY	OCEAN SPRAY	44 ML	$5.00
310	SEVERE COLD MAX MULTI-SYMPTOM DAY/NIGHT	TYLENOL COLD MULTI-SYMPTOM DAY & NIGHT	20 CT	$6.00
131	TUSSIN CF	ROBITUSSIN CF	4 OZ	$6.00
127	TUSSIN DM	ROBITUSSIN DM	4 OZ	$6.00
129	TUSSIN DM MAX	ROBITUSSIN DM MAX	4 OZ	$6.00
130	TUSSIN MUCUS + CHEST	ROBITUSSIN	4 OZ	$6.00

DENTAL				
PRODUCT NUMBER	**PRODUCT DESCRIPTION**	**COMPARE TO**	**SIZE**	**PRICE**
212	DENTAL FLOSS MINT WAXED	REACH WAXED MINT	1 PK	$3.00
120	DENTAL FLOSS UNWAXED UNFLAVORED	REACH UNWAXED-UNFLAVORED	1 PK	$3.00
121	DENTAL FLOSS WAXED	REACH WAXED	1 PK	$3.00
133	DENTURE BRUSH	SEA BOND DENTURE BRUSH	1 PK	$3.00
44	DENTURE CLEANSER TABLETS	POLIDENT/EFFERDENT	40 CT	$5.00
219	FIXODENT DENTURE CREAM		2.4 OZ	$8.00
173	GUM STIMULATOR HANDLE	GUM	1 UNIT	$5.00
258	MINT FLOSSERS W/PICK (SMALL PACK)	GUM	50 CT	$2.00
319	MOUTHWASH ALCOHOL FREE	CREST PRO-HEALTH	1 LTR	$10.00
296	ORAL PAIN RELIEF GEL	BENZOCAINE 20 %	0.5 OZ	$5.00
306	SOFT TOOTHBRUSH	GOOD SENSE/COLGATE	1 CT	$1.00
33	SOFT TOOTHBRUSH	GOOD SENSE/AIM	2 PK	$3.00
171	TOOTHPASTE TARTAR CONTROL	AIM	5.5 OZ	$5.00

EYE CARE				
PRODUCT NUMBER	**PRODUCT DESCRIPTION**	**COMPARE TO**	**SIZE**	**PRICE**
89	ARTIFICIAL TEARS EYE DROPS	MURINE TEARS	0.5 OZ	$5.00
263	EYE DROPS REDNESS RELIEVER	VISINE ADVANCED RELIEF	0.5 OZ	$5.00

FIRST AID MEDICAL SUPPLIES				
PRODUCT NUMBER	**PRODUCT DESCRIPTION**	**COMPARE TO**	**SIZE**	**PRICE**
14	ALCOHOL PREP PADS	BD ALCOHOL	100 CT	$4.00
59	BUTTERFLY CLOSURES BANDAID	J&J BAND-AID BUTTERFLY CLOSURES	10 CT	$3.00
255	DIGITAL THERMOMETER		1 UNIT	$6.00
17	DIPHENHYDRAMINE CREAM	BENADRYL CREAM EXTRA STRENGTH	1 OZ	$5.00
102	EPSOM SALT		1 LB	$6.00
68	FABRIC BANDAID	J&J FLEXIBLE FABRIC	30 CT	$4.00
113	HEMORRHOIDAL MAXIMUM STRENGTH CREAM	PREPARATION H	1.8 OZ	$6.00

114	HEMORRHOIDAL OINTMENT	PREPARATION H	2 OZ	$6.00
226	HEMORRHOIDAL PADS	TUCKS PAD	100 CT	$8.00
115	HEMORRHOIDAL SUPPOSITORIES	PREPARATION H	12 CT	$5.00
35	HYDROCORTISONE 1% CREAM	CORTAID	1 OZ	$5.00
101	INSTANT ICE COMPRESS		1 CT	$5.00
61	LARGE ADHESIVE PADS BANDAID	J&J BAND-AID LARGE ADHESIVE PADS	10 CT	$4.00
106	MINI FIRST AID KIT		1 KIT	$5.00
64	ROLLED GAUZE 2" X 2.5 YDS	J&J FIRST AID ROLLED GAUZE	1 CT	$3.00
65	ROLLED GAUZE 3" X 2.5 YDS	J&J FIRST AID ROLLED GAUZE	1 CT	$4.00
62	SHEER BANDAID	J&J BAND-AID SHEER STRIPS	60 CT	$5.00
90	TRIPLE ANTIBIOTIC OINTMENT ORIGINAL STRENGTH	NEOSPORIN	1 OZ	$6.00
91	TRIPLE ANTIBIOTIC OINTMENT PLUS	NEOSPORIN PLUS	1 OZ	$8.00
67	WATERPROOF ADHESIVE TAPE 1/2" X 5 YDS	J&J FIRST AID WATERPROOF TAPE	1 CT	$4.00
60	WATERSHIELD BANDAID	J&J BAND-AID CLEAR WATER BLOCK PLUS	30 CT	$4.00

HOME AIDE

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
323	ALL PURPOSE CLEANER	LYSOL	32 OZ	$10.00
292	BATH MAT		1 CT	$12.00
325	BATH TOWEL SET		10 CT	$25.00
326	BATHROOM RUG 17X24		1 UNIT	$15.00
328	DAWN DISH SOAP		1 UNIT	$7.00
329	DISH SPONGE	SCOTCH-BRITE	1 CT	$3.00
330	DRYER SHEETS	GAIN	15 CT	$3.00
331	DUST PAN		1 UNIT	$5.00
332	FLASHLIGHT		1 UNIT	$16.00
335	ICE CUBE TRAYS		3 PK	$5.00
336	KITCHEN TOWEL WITH OVEN MITS		8 CT	$17.00
337	LAUNDRY DETERGENT PODS	TIDE	30 CT	$20.00
338	LIGHT BULBS (60 WATTS-LED)		4 PK	$13.00

343	PAPER TOWEL		1 UNIT	$5.00
344	PAPER TOWEL HOLDER		1 UNIT	$5.00
272	PILL CUTTER		1 CT	$4.00
313	PILL ORGANIZER 7-DAY SINGLE		1 CT	$5.00
346	TOILET PAPER		1 CT	$3.00
347	TRASH BAGS (13 GALLONS)	GLAD	40 CT	$20.00
348	WASTE BASKET (1.5 GALLONS)		1 UNIT	$5.00
349	WATER PITCHER	BRITA	1 CT	$25.00
350	WATER PITCHER FILTER CARTRIDGE	BRITA ELITE	1 CT	$25.00

PAIN RELIEVERS

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
155	ACETAMINOPHEN 325 MG	TYLENOL REGULAR	100 CT	$5.00
157	ACETAMINOPHEN XS 500 MG	TYLENOL EXTRA STRENGTH	100 CT	$6.00
153	ACETAMINOPHEN 650 MG	ARTHRITIS TYLENOL	100 CT	$12.00
10	ARTHRITIS PAIN RELIEVING CREAM	ASPERCREME	3 OZ	$5.00
222	ASPIRIN 81 MG CHEWABLE	BAYER/ST JOSEPH CHEWABLE	36 CT	$2.00
13	ASPIRIN 81 MG ENTERIC SAFETY COATED TABLETS	BAYER	120 CT	$5.00
11	ASPIRIN 325 MG ENTERIC SAFETY COATED	ECOTRIN/BAYER	100 CT	$5.00
6	EFFERVESCENT PAIN RELIEF	ALKA-SELTZER	36 CT	$6.00
225	HEADACHE RELIEF	EXCEDRIN EX STRENGTH	100 CT	$7.00
3	IBUPROFEN 200 MG	ADVIL	100 CT	$7.00
247	IBUPROFEN PM	ADVIL PM	40 CT	$10.00
271	LIDOCAINE 4 % PATCH	ASPERCREME PATCH	5 CT	$8.00
5	NAPROXEN SODIUM 220 MG	ALEVE	100 CT	$7.00
154	PAIN RELIEVER PM	TYLENOL PM	50 CT	$5.00
315	URINARY PAIN RELIEF	AZO	12 CT	$7.00

PERSONAL CARE

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
324	BAR SOAP	DOVE	1 UNIT	$3.00
281	BENZOYL PEROXIDE 10 % WASH		5 OZ	$12.00
327	BODY LOTION	LUBRIDERM	16 OZ	$10.00

74	COTTON BALLS	J&J COTTON BALLS	100 CT	$3.00
119	COTTON SWABS	QTIPS	300 CT	$4.00
37	EAR WAX DROPS	DEBROX	0.5 OZ	$5.00
333	HAND SANITIZER		8 OZ	$7.00
334	HAND WASH FOAMING SOAP		6 OZ	$5.00
339	MEN'S BODY WASH		12 OZ	$5.00
340	MEN'S DEODORANT	ARM & HAMMER	2.6 OZ	$5.00
341	MEN'S RAZOR		1 SET	$12.00
342	MEN'S SHAVING CREAM		7 OZ	$5.00
295	MOTION SICKNESS 50 MG	DRAMAMINE ORIGINAL	12 CT	$4.00
260	PREVAIL UNDERPADS 23 X 36		25 CT	$15.00
345	SHAMPOO & CONDITIONER		15 OZ	$5.00
SKIN CARE				
PRODUCT NUMBER	**PRODUCT DESCRIPTION**	**COMPARE TO**	**SIZE**	**PRICE**
22	CALAMINE LOTION	CALADRYL	6 OZ	$5.00
78	FOOT CREAM	LOTRIMIN AF ANTIFUNGAL CREAM	1 OZ	$7.00
40	FOOT POWDER	DR. SCHOLL'S FOOT POWDER	7 OZ	$6.00
159	PETROLEUM JELLY JAR	VASELINE	15 OZ	$6.00
314	VITAMIN A&D OINTMENT	A & D OINTMENT	4 OZ	$5.00
317	WASHCLOTHS MILD SCENT		80 CT	$10.00
SUPPORTIVE CARE				
PRODUCT NUMBER	**PRODUCT DESCRIPTION**	**COMPARE TO**	**SIZE**	**PRICE**
175	ANKLE COMFORT (SMALL)		1 UNIT	$12.00
176	ANKLE COMFORT (MEDIUM)		1 UNIT	$12.00
177	ANKLE COMFORT (LARGE)		1 UNIT	$12.00
188	ARM SLING ADULT W/PAD		1 UNIT	$10.00
282	DIABETIC SOCKS KNEE HIGH (SMALL, SIZE 6-8)		3 PAIRS	$10.00
283	DIABETIC SOCKS KNEE HIGH (MEDIUM, SIZE 9-11)		3 PAIRS	$10.00
284	DIABETIC SOCKS KNEE HIGH (LARGE, SIZE 10-13)		3 PAIRS	$10.00
285	DIABETIC SOCKS KNEE HIGH (X-LARGE, SIZE 13-15)		3 PAIRS	$10.00

191	HOSE KNEE MEDIUM MILD 8-15 MMHG FOR WOMEN		1 UNIT	$14.00
190	HOSE KNEE LARGE MILD 8-15 MMHG FOR WOMEN		1 UNIT	$14.00
183	KNEE COMFORT (SMALL)		1 UNIT	$12.00
182	KNEE COMFORT (MEDIUM)		1 UNIT	$12.00
181	KNEE COMFORT (LARGE)		1 UNIT	$12.00
184	KNEE COMFORT (X-LARGE)		1 UNIT	$12.00
179	KNEE SPORT SUPPORT ADJUSTABLE		1 UNIT	$17.00
286	MEN'S COMPRESSION DRESS SOCKS (SMALL)		1 PAIR	$12.00
287	MEN'S COMPRESSION DRESS SOCKS (MEDIUM)		1 PAIR	$12.00
288	MEN'S COMPRESSION DRESS SOCKS (LARGE)		1 PAIR	$12.00
289	MEN'S COMPRESSION DRESS SOCKS (X-LARGE)		1 PAIR	$12.00
187	WRIST SPORT SUPPORT ADJUSTABLE		1 UNIT	$12.00
189	WRIST SUPPORT STRAP ADJUSTABLE		1 UNIT	$9.00
VITAMINS, MINERALS, AND MISCELLANEOUS				
PRODUCT NUMBER	**PRODUCT DESCRIPTION**	**COMPARE TO**	**SIZE**	**PRICE**
168	CALCIUM 500 MG	OS-CAL	60 CT	$5.00
169	CALCIUM 500 MG + D	OS-CAL + D	60 CT	$5.00
170	CALCIUM CARBONATE 600 MG	CALTRATE 600	60 CT	$6.00
23	CALCIUM CARBONATE 600 MG + D TABLETS	CALTRATE 600 + D	60 CT	$5.00
29	CALCIUM CITRATE 600 MG + D	CITRACAL PLUS W/ VIT-D	60 CT	$6.00
275	CO Q-10 100 MG CAPSULES		90 CT	$18.00
50	FERROUS SULFATE 325 MG	FEOSOL	100 CT	$5.00
197	FOLIC ACID 400 MCG		250 CT	$6.00
280	GLUCOSAMINE CHONDROITIN MSM COATED TABLETS	SCHIFF MOVE FREE ADVANCED + MSM	120 CT	$20.00
321	GLUCOSE 15 GM CHEW TABLET		10 CT	$4.00
278	HEALTHY EYES WITH LUTEIN TABLETS	OCUVITE W/ LUTEIN	60 CT	$7.00
305	MELATONIN 3 MG		60 CT	$6.00
27	MEN'S MULTI-VITAMINS	ONE-A-DAY MEN'S	100 CT	$8.00

26	MULTI-VITAMINS ADULTS 50 +	CENTRUM® ADULTS 50 +	100 CT	$9.00
273	VITAMIN B COMPLEX + VIT C TABLETS		130 CT	$9.00
291	VITAMIN B-12 500 MCG	CYANOCOBALAMIN (VITAMIN B-12)	100 CT	$6.00
274	VITAMIN C 1000 MG TABLETS		110 CT	$10.00
198	VITAMIN D3 1000 UNITS (25MCG)	CHOLECALCIFEROL	100 CT	$5.00
307	VITAMIN D3 5000 UNITS (125MCG) TABLETS	CHOLECALCIFEROL	100 CT	$10.00
WOMEN'S HEALTH				
PRODUCT NUMBER	**PRODUCT DESCRIPTION**	**COMPARE TO**	**SIZE**	**PRICE**
82	MICONAZOLE 3 COMBO	MONISTAT 3	0.32 OZ	$12.00
259	PREVAIL BLADDER PADS FOR WOMEN	PREVAIL FOR WOMEN	48 CT	$15.00
351	WOMEN'S BODY WASH		12 OZ	$5.00
352	WOMEN'S DEODORANT	DOVE	2.6 OZ	$5.00
28	WOMEN'S MULTI-VITAMINS	ONE-A-DAY WOMEN'S	100 CT	$8.00
353	WOMEN'S RAZOR		1 SET	$10.00
354	WOMEN'S SHAVING CREAM		7 OZ	$5.00

Please note that the product list is subject to change quarterly. Variations in items, quantities, sizes, and prices may occur based on availability. This information may not cover all the benefits, and items may vary depending on the manufacturer and availability. Additions or removals of items may happen without prior notice. All dispensed products are generic and are compared to their brand name counterparts. The brand names of OTC items are trademarks of their respective companies. For health-related inquiries, please review product labeling and consult with your healthcare professional.

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 1-855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	1-855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	1-855-661-6965
300 E. Randolph St., 35th Floor	Fax:	1-855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	1-800-368-1019
200 Independence Avenue SW	TTY/TDD:	1-800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
	Complaint Forms:	
	https://www.hhs.gov/civil-rights/filing-a-complaint/index.html	

This notice is available on our website at https://www.bcbsil.com/bcchp/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-860-2837 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-860-2837 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم1-877-860-2837 (TTY: 711) أو تحدث إلى مقدم الخدمة.

中文 Chinese	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-860-2837（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-860-2837 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-860-2837 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujurati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-877-860-2837 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-860-2837 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-877-860-2837 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-860-2837 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yániłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-877-860-2837 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسي Farsi	توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-860-2837 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-860-2837 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-860-2837 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-860-2837 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-877-860-2837 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-860-2837 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Blue Cross Community Health Plans℠

HealthChoice Illinois
Illinois Department of Healthcare and Family Services

Over-the-Counter Benefits

Managed Long Term Supports and Services (MLTSS)

Customer Service **1-877-860-2837**
TTY/TDD: **711**

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If you have any questions, please call Member Services at 1-877-860-2837 (TTY/TDD: 711). We are available 24 hours a day, seven days a week.

Illinois Client Enrollment Services will send you information about your health plan choices when it is time for you to make a health plan choice and during your Open Enrollment period.