

## Health Benefits for Immigrant Adults and Seniors Member Handbook Insert

Dear Member,

Welcome! The Health Benefits for Immigrant Adults and Seniors program provides medical coverage. Coverage is offered despite member's immigration status. The State launched this program to improve health outcomes. The program includes copays. See program details below.

### **Covered Benefits:**

The new medical program offers a full benefit package. The program may cover up to 3 months of health care services prior to your enrollment. Covered services include:

- Doctor and hospital care
- Lab tests
- Rehabilitative services such as physical and occupational therapy
- Home health, mental health and substance use disorder services
- Dental and vision services
- Prescription drugs
- 90-day Nursing Facility Rehab stays

### **Non - Covered Benefits:**

- Home and Community Based Waiver services are not covered services
- Transplant services are limited to kidney transplants and inpatient stem cell transplants
- Long Term Care facility services are not covered

### **Prescriptions:**

- BCCHP uses a Preferred Drug List (PDL)
- The PDL is provided by the Illinois Department of Healthcare and Family Services (HFS)
- BCCHP must follow the HFS provided PDL. This is to help your doctor choose which drugs to give you.
- Covered drugs on the PDL have a \$0 copay if filled at in-network pharmacies
- Certain drugs on this list need approval or have limits based on medical necessity
- To learn more about covered drug benefits, please visit: [www.bcbsil.com/bcchp/benefits-and-coverage/drug-coverage](http://www.bcbsil.com/bcchp/benefits-and-coverage/drug-coverage)

### **Co-payments:**

Your specific plan includes co-payments. Co-payments are what you pay out of your own pocket for a covered health care service. You will be asked to pay the copayment amount directly to your health care provider when you receive services. Co-payments can only be charged for the following services:

- Nonemergency inpatient hospitalizations: Up to \$250 copay
- Nonemergency hospital emergency room visits: Up to \$100 copay
- Nonemergency Hospital or Ambulatory Surgical Treatment Center Outpatient Services: Up to 10% of the Medicaid payment. The amount you can be charged will vary depending on the service. Your provider can tell you the amount you will be charged prior to providing the service

### **Prior Authorization**

Some services may require a prior authorization or getting an OK from BCCHP. You do not need to contact us for prior authorization. You can work with your doctor to submit a prior authorization.

Both BCCHP and your PCP (or specialist) will agree which services are medically necessary. "Medically

necessary” refers to services that:

- Protect life
- Keep you from getting seriously ill or disabled
- Finding out what’s wrong or treating the disease, illness, or injury
- Help you do things like eating, dressing, and bathing

We won’t pay for services for out-of-network providers if prior authorization is not given. You can work with an out-of-network provider to receive prior authorization before getting services.

**Some services that do not need a prior authorization are:**

- Primary care
- In-network specialist
- Family planning
- Women’s Health Care Providers (WHCP)
- Emergency care

**Primary Care Provider (PCP):**

Your primary care provider is your personal doctor who will give you most of your care. They may also send you to other providers if you need special care. With BCCHP you can pick your PCP. Please call your provider to schedule an initial health exam within 30 days of joining. During the first exam, the PCP will learn about your health care needs. If you need help in finding or changing your PCP, contact Member Services at 1-877-860-2837. The call is toll free. You can also use the Provider Finder at [bcchpil.com](http://bcchpil.com).

**Important Phone Numbers and Contacts:**

If you have any questions or concerns about your Blue Cross Community Health Plans services, you can call our Member Services line at [1-877-860-2837](tel:1-877-860-2837) (TTY/TDD: 711)

You can file your grievance on the phone by calling Member Services at **1-877-860-2837** (TTY/TDD: 711). You can also file your grievance in writing via mail or fax at:

**Blue Cross Community Health Plans**  
Attn: Grievance and Appeals Dept.  
P.O. Box 660717  
Dallas, TX 75266, Fax: **1-866-643-7069**

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance by calling Member Services at **1-877-860-2837**

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Member Services TTY/TDD line 711.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be “your representative.” If you decide to have someone represent you or act for you, inform BCCHP in writing the name of your representative and his or her contact information.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information.

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.

To ask for supportive aids and services, or materials in other formats and languages for free, please call, **1-877-860-2837** TTY/TDD: **711**.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, **1-855-664-7270**, TTY/TDD: **1-855-661-6965**, Fax: **1-855-661-6960**. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**1-800-368-1019, 800-537-7697** (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

**ENGLISH: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-877-860-2837 (TTY/TDD: 711)**.

**ESPAÑOL (Spanish): ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-860-2837 (TTY/TDD: 711)**.

**POLSKI (Polish): UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-860-2837 (TTY/TDD: 711)**.

**繁體中文 (Chinese): 注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-860-2837 (TTY/TDD: 711)**。

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-860-2837 (TTY/TDD: 711)**번으로 전화해 주십시오.

**TAGALOG (Tagalog – Filipino): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-860-2837 (TTY/TDD: 711)**.

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-860-2837 (رقم هاتف الصم والبكم: 711)**.

**РУССКИЙ (Russian): ВНИМАНИЕ:** Если Вы говорите на русском языке, то Вам доступны бесплатные услуги перевода. Звоните **1-877-860-2837 (Телетайп: 711)**.

**ગુજરાતી (Gujarati): સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો

**1-877-860-2837 (TTY/TDD: 711)**.

**اردو (Urdu):**

یاد رکھیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ **1-877-860-2837 (TTY: 711)** پر کال کریں۔

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-860-2837 (TTY/TDD: 711)**.

**Italiano (Italian): ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-860-2837 (TTY/TDD: 711)**.

**हिन्दी (Hindi): ध्यान दें:** यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। **1-877-860-2837 (TTY/TDD: 711)** पर कॉल करें।

**FRENCH (French): ATTENTION:** Si vous parlez français, des services d'assistance linguistique vous sont proposés gratuitement. Appelez le **1-877-860-2837 (TTY/TDD : 711)**.

**ΕΛΛΗΝΙΚΑ (Greek): ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-860-2837 (TTY/TDD: 711)**.

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-860-2837 (TTY/TDD: 711)**.