



Blue Cross Community MMAI
(Medicare-Medicaid Plan)SM

SUMMARY OF BENEFITS FOR

2023

1-877-723-7702 (TTY: 711)

We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit bcbsil.com/mmai.

Blue Cross Community MMAI: Summary of Benefits 2023

Introduction

This document is a brief summary of the benefits and services covered by Blue Cross Community MMAI. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Blue Cross Community MMAI. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Blue Cross Community MMAI Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit bcbsil.com/mmai.



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A. Disclaimers



This is a summary of health services covered by Blue Cross Community MMAI for 2023. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Members can access the 2023 Member Handbook online at bcbsil.com/mmai or can request one by mail by calling 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

- ❖ Under Blue Cross Community MMAI you can get your Medicare and Medicaid services in one health plan. A Blue Cross Community MMAI care coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Blue Cross Community MMAI *Member Handbook*.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- ❖ ATENCIÓN: Si habla español, los servicios de asistencia lingüística están a su disposición sin costo alguno para usted. Llame al 1-877-723-7702 (TTY: 7-1-1). Estamos a su disposición los siete (7) días de la semana. Nuestra central telefónica está abierta de lunes a viernes de 8:00 a. m. a 8:00 p. m., hora del centro. Para los fines de semana y días feriados federales, está disponible el servicio de mensajes de voz. Si deja un mensaje de voz, un representante de Atención al Asegurado le devolverá la llamada antes del próximo día laborable. La llamada es gratuita.
- ❖ This document is available for free in other languages and formats like large print, braille, or audio. Call -877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. Once requested, Member Services will always send you materials in your chosen language and/or format (such as large print, braille, or audio) until you request to have it changed. This service is free.
- ❖ Blue Cross Community MMAI (Medicare-Medicaid Plan) is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Blue Cross Community MMAI to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Blue Cross Community MMAI Care Coordinator?	A Blue Cross Community MMAI care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are services provided through a Long-Term Care Facility or through a Home and Community-Based Waiver. Enrollees have the option to get long-term services and supports (LTSS) in the least restrictive setting when appropriate, with a preference for the home and the community, and in accordance with the Enrollee's wishes and Care Plan.
Will I get the same Medicare and Medicaid benefits in Blue Cross Community MMAI that I get now?	<p>You will get your covered Medicare and Medicaid benefits directly from Blue Cross Community MMAI. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change.</p> <p>When you enroll in Blue Cross Community MMAI, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. During this time, you can keep using your doctors and getting your current services for 90 days, or until your care plan is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs that Blue Cross Community MMAI does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Blue Cross Community MMAI to cover your drug, if medically necessary.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>Can I use the same doctors I use now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Blue Cross Community MMAI and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Blue Cross Community MMAI’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Blue Cross Community MMAI’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read Blue Cross Community MMAI’s <i>Provider and Pharmacy Directory</i> on the plan’s website at www.bcbsil.com/mmai/member-resources/forms.</p> <p>If Blue Cross Community MMAI is new for you, you can continue using the doctors you use now for up to 180 days from the start of your enrollment. We will work with your doctor to be part of our in-network providers or find you alternative care as part of your care plan.</p>
<p>What happens if I need a service but no one in Blue Cross Community MMAI’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Blue Cross Community MMAI will pay for the cost of an out-of- network provider.</p>
<p>Where is Blue Cross Community MMAI available?</p>	<p>The service area for this plan includes: Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, DeWitt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago and Woodford Counties, Illinois. You must live in one of these areas to join the plan. Call Member Services for more information about whether the plan is available where you live.</p>
<p>Do I pay a monthly amount (also called a premium) under Blue Cross Community MMAI?</p>	<p>You will not pay any monthly premiums to Blue Cross Community MMAI for your health coverage.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>What is prior authorization (PA)?</p>	<p>PA means that you must get approval from Blue Cross Community MMAI before you can get a specific service or drug or use an out-of-network provider. Blue Cross Community MMAI may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>
<p>What is a referral?</p>	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Blue Cross Community MMAI may not cover the services. You don't need a referral to use certain specialists, such as women health specialists.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need a referral from your PCP.</p>
<p>Who should I contact if I have questions or need help? (continued on the next page)</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Blue Cross Community MMAI Member Services:</p> <p>CALL 1-877-723-7702</p> <p>Calls to this number are free. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day.</p>

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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued from previous page)	If you have questions about your health, please call the Nurse Advice Call line: CALL 1-877-213-2568 Calls to this number are free. The Nurse Advice Call line is available 24 hours a day, 7 days a week. TTY 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free and available 24 hours a day, 7 days a week. If you need immediate behavioral health, please call the Behavioral Health Crisis Line: CALL 1-800-345-9049 Calls to this number are free. Our Behavioral Health Crisis Line is available 24 hours a day, 7 days a week. TTY 1-866-794-0374 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. Our Behavioral Health Crisis Line is available 24 hours a day, 7 days a week.



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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	PA is not required for services provided by in-network providers.
	Wellness visits, such as a physical	\$0	PA is not required for services provided by in-network providers.
	Transportation to a doctor's office	\$0	PA rules may apply. The plan will also cover rides to plan approved health-related locations.
	Specialist care	\$0	PA is not required for services provided by in-network providers.
	Care to keep you from getting sick, such as flu shots	\$0	PA is not required for services provided by in-network providers.
	"Welcome to Medicare" preventive visit (one time only)	\$0	PA is not required for services provided by in-network providers.
You need medical tests	Lab tests, such as blood work	\$0	PA rules may apply. You must use in-network providers.
	X-rays or other pictures, such as CAT scans	\$0	PA rules may apply. You must use in-network providers.
	Screening tests, such as tests to check for cancer	\$0	PA is not required for services provided by in-network providers.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 for a 30-day or 90- day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Blue Cross Community MMAI's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>The plan may require you to:</p> <ul style="list-style-type: none"> • Use the generic version of a drug instead of the brand name drug. • Get plan approval before we will agree to cover the drug for you (This is sometimes called “prior authorization.”) • Try a different drug first before we will agree to cover the drug you are asking for (This is sometimes called “step therapy.”) • Get approval for the amount of the drug you can have (This is sometimes called “Quantity Limits.”) • Ask to remove a restriction on coverage for a drug (This is sometimes called asking for a “Formulary Exception.”) <p>Most drugs that you take on a regular basis are available through retail or mail-order services for a 90-day supply. Your \$0 co-pay for a 90-day supply is the same as a 30-day supply.</p> <p>Important Message About What You Pay for Vaccines</p> <p>Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>\$0 for a 30-day or 90- day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Blue Cross Community MMAI's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>The plan may require you to:</p> <ul style="list-style-type: none"> • Use the generic version of a drug instead of the brand name drug. • Get plan approval before we will agree to cover the drug for you (This is sometimes called “prior authorization.”) • Try a different drug first before we will agree to cover the drug you are asking for (This is sometimes called “step therapy.”) • Get approval for the amount of the drug you can have (This is sometimes called “Quantity Limits.”) • Ask to remove a restriction on coverage for a drug (This is sometimes called asking for a “Formulary Exception.”) <p>Most drugs that you take on a regular basis are available through retail or mail-order services for a 90-day supply. Your \$0 co-pay for a 90-day supply is the same as a 30-day supply.</p>

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You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0 for a 30-day or 90- day supply	There may be limitations on the types of drugs covered. Please refer to Blue Cross Community MMAI's <i>List of Covered Drugs</i> (Drug List) for more information. The plan covers some OTC drugs when they are written as prescriptions by your provider.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	PA rules may apply. The plan covers occupational, physical, and speech therapy if you qualify. These therapies focus on long term habilitative needs rather than short term acute restorative needs. All therapy services must be medically necessary to be covered. You must use in-network providers.

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You need emergency care	Emergency room services	\$0	You may get covered emergency care anywhere in the United States or its territories. Emergency care outside the U.S and its territories is not covered except in certain situations. See <i>Member Handbook</i> for more details.
	Ambulance services	\$0	Covered ambulance services include fixed-wing, rotary-wing, and ground ambulance services. The ambulance will take you to the nearest place that can give you care. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health. Ambulance services for other cases must be approved by the plan. In cases that are not emergencies, the plan may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health.
	Urgent care	\$0	PA rules may apply; Urgent care is not covered outside of the United States and its territories. If you require urgently needed care, you should first try to get it from a network provider or call our 24/7 Nurse Advice or Behavioral Health Crisis Line. However, you can use out-of-network providers when you cannot get to a network provider.

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You need hospital care	Hospital stay	\$0	PA rules may apply; except in an emergency. Your doctor must tell the health plan that you are going to be admitted to the hospital. You must use in-network hospitals when not an emergency.
	Doctor or surgeon care	\$0	PA is required. You must use in-network providers.
You need help getting better or have special health need	Rehabilitation services	\$0	PA rules may apply. You can get outpatient rehabilitation services from hospital outpatient departments, independent therapist offices, comprehensive outpatient rehabilitation facilities (CORFs), and other facilities.
	Medical equipment for home care	\$0	PA rules may apply. If you qualify, the plan covers devices, controls, or appliances that enable you to increase your ability to perform activities of daily living or to perceive, control, or communicate with the environment in which you live.
	Skilled nursing care	\$0	PA is required for acute skilled nursing facility (SNF). Long Term Care PA is not required for members who live in the facility and have had their stay approved by the state.

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You need eye care	Eye exams	\$0	Limited to one routine eye exam every year. You must use in-network vision care providers.
	Glasses or contact lenses	\$0	Limited to one pair of eyeglasses lenses and/or eyeglass frames every two years. Additional eyewear benefit of \$130 upgrade towards non-standard frames every two years. Routine contact lenses not covered. Medically required contact lenses are covered with prior authorization.
You need dental care	Dental check-ups	\$0	Preventative services include: two oral exams, two preventative cleanings, one fluoride treatment, and one x-ray offered every year. The plan offers an \$800 allowance as a supplemental benefit each year to help pay for dental services that would NOT otherwise be covered by Medicare or Medicaid. You must use in-network dental providers. For a detailed list, please call Member Services.

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You need hearing/auditory services	Hearing screenings	\$0	The plan covers hearing and balance tests done by your provider. These tests tell you whether you need medical treatment. They are covered as outpatient care when you get them from a physician, audiologist, or other qualified provider.
	Hearing aids	\$0	Hearing Aids require prior authorization. The plan also covers the following: <ul style="list-style-type: none"> • One pair of hearing aids every three years • Hearing aids should include the following services: <ul style="list-style-type: none"> ◦ Fitting/evaluation for a hearing aid ◦ Hearing aid counseling
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Services will be included as part of your care plan.
	Diabetes supplies and services	\$0	Preferred product is limited to diabetic testing supplies (meters, strips, and lancets) obtained through the pharmacy and limited to LifeScan branded products (OneTouch Verio Flex, OneTouch Verio Reflect, One Touch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). Approval will be required for all other diabetic testing supplies (meters, strips and lancets). All test strips will also be subject to a quantity limit of 204 per 30 days. Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to Prior Authorization.

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You have a mental health condition	Mental or behavioral health services	\$0	<p>PA rules may apply. You must use in-network providers.</p> <p>For a detailed list of services that require a PA, please call our Member Services.</p> <p>The plan will cover medically necessary crisis services including Mobile Crisis Response (MCR) and Crisis Stabilization.</p> <p>Federally Qualified Health Center (FQHC), and Rural Health Clinic (RHC) setting are covered. Please refer to the emergency and hospital care sections for additional guidance.</p>
You have a substance abuse problem	Substance abuse services	\$0	<p>PA rules may apply. You must use in-network providers.</p> <p>For a detailed list of services that require a prior authorization, please call our Member Services.</p>
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	<p>PA rules may apply. You must use in-network providers</p> <p>For a detailed list of services that require a prior authorization, please call our Member Services.</p>

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You need durable medical equipment (DME)	Wheelchairs	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Nebulizers	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Crutches	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Walkers	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Oxygen equipment and supplies	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.

If you have questions, please call Blue Cross Community MMAI Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit bcbsil.com/mmai.



Blue Cross Community MMAI: Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Meals brought to your home	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Home services, such as cleaning or housekeeping	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Changes to your home, such as ramps and wheelchair access	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Training to help you get paid or unpaid jobs	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Home health care services	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Services to help you live on your own	\$0	PA rules may apply. You must use in-network providers.

If you have questions, please call Blue Cross Community MMAI Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit bcbsil.com/mmai.



Blue Cross Community MMAI: Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Adult day services or other support services	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
You need a place to live with people available to help you	Assisted living or other housing services	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Nursing home care	\$0	PA rules may apply. You must use in-network providers. PA is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
Your caregiver needs some time off	Respite care	\$0	PA rules may apply. Must be on member's approved service plan.

If you have questions, please call Blue Cross Community MMAI Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit bcbsil.com/mmai.



Blue Cross Community MMAI: Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services	Cell Phone	\$0	PA required and must be identified as part of your care plan. Eligible for members who do not have reliable access to a telephone. Monthly plan with limited minutes to contact Doctor, Provider, Care Coordinator, or 911 emergency services; for eligible members.
	Over-the-counter drugs & supplies – Supplemental personal health related items	\$0	The plan covers certain over-the-counter (OTC) products and supplies. The plan will pay up to a \$30 benefit per quarter. Item will be shipped to your address in 7-10 business days. You may make one (1) order each quarter. Unused funds do not carry over. Contact BlueCross BlueShield of Illinois' OTC vendor, Convey Health Solutions, at: 1-855-891-5274.
	Fitness Programs	\$0	The plan covers membership in the SilverSneakers® Fitness Program.
	Post-Discharge Home Delivered Meals	\$0	The plan covers up to 14 home delivered meals after being discharged from a hospital or SNF. PA rules may apply.
	Additional Telehealth Services through MDLive	\$0	The plan covers certain additional telehealth services including those for behavioral health, sore throat, fever, cough, nausea and other non-emergency illnesses through MDLive. You can contact MDLive at 1-888-680-8646 or visit the MDLive website at mdlive.com .

D. Benefits covered outside of Blue Cross Community MMAI

This is not a complete list. Call Member Services to find out about other services not covered by Blue Cross Community MMAI but available through Medicare or Medicaid.

Other services covered by Medicare	Your costs
Some hospice care services	\$0



If you have questions, please call Blue Cross Community MMAI Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit bcbsil.com/mmai.

Blue Cross Community MMAI: Summary of Benefits 2023

E. Services that Blue Cross Community MMAI, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Blue Cross Community MMAI, Medicare, or Medicaid
Services that are provided in a State Facility operated as a psychiatric hospital as a result of a forensic commitment.
Services that are provided through a Local Education Agency (LEA).
Experimental or investigational in nature.
Services that are provided without a required referral or PA.
Medical and surgical services that are provided solely for cosmetic purposes.

F. Your rights as a member of the plan

As a member of Blue Cross Community MMAI, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - Get information in other formats (e.g., large print, braille, audio).
 - Be free from any form of physical restraint or seclusion.
 - Not be billed by providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
 - Use a women's health care provider without a referral.
 - Get your covered services and drugs quickly.
 - Know about all treatment options, no matter what they cost or whether they are covered.

If you have questions, please call Blue Cross Community MMAI Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit bcbsil.com/mmai.



Blue Cross Community MMAI: Summary of Benefits 2023

- Refuse treatment, even if your doctor advises against it.
- Stop taking medicine.
- Ask for a second opinion. Blue Cross Community MMAI will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care.
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without PA in an emergency.
 - Use an out-of-network, urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - Ask for a state fair hearing.
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the Blue Cross Community MMAI *Member Handbook*. If you have questions, you can also call Blue Cross Community MMAI Member Services at **1-877-723-7702** (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Blue Cross Community MMAI should cover something we denied, call Blue Cross Community MMAI Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Blue Cross Community MMAI *Member Handbook*. You can also call Blue Cross Community MMAI Member Services.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.



If you have questions, please call Blue Cross Community MMAI Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit bcbsil.com/mmai.

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- Call us at Blue Cross Community MMAI Member Services at **1-877-723-7702** (TTY: **711**) Our call center is open Monday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Call the State of Illinois Fraud Hotline at **1-844-453-7283**. You can call the number for free, 24 hours a day, seven (7) days a week.

If you have questions, please call Blue Cross Community MMAI Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit [bcbsil.com/mmai](https://www.bcbsil.com/mmai).



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 the 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, a 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>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

ATENCIÓN: Si habla español, los servicios de asistencia lingüística están a su disposición sin costo alguno para usted. Llame al 1-877-723-7702 (TTY: 7-1-1). Atención disponible los siete (7) días de la semana. El horario de atención por teléfono es de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del centro. Servicio de correo de voz disponible los fines de semana y los días feriados federales. Si deja un mensaje de voz, un representante de Atención al Asegurado le devolverá la llamada a más tardar el siguiente día hábil. La llamada es gratuita.

UWAGA: Osoby posługujące się językiem angielskim mogą bezpłatnie skorzystać z pomocy językowej. Prosimy zadzwonić do Działu Obsług Członków pod numer 1-877-723-7702 (TTY: 711). Jesteśmy dostępni siedem (7) dni w tygodniu. Nasza informacja telefoniczna jest czynna od poniedziałku do piątku, w godzinach od 8:00 a.m. do 8:00 p.m. czasu centralnego. W weekendy oraz święta federalne dostępna jest poczta głosowa. W przypadku pozostawienia takiej wiadomości przedstawiciel Działu Obsługi Członków skontaktuje się z Państwem najpóźniej następnego dnia roboczego. Połączenie jest bezpłatne.

注意：如果您說英語，則可以免費使用語言幫助服務。請致電會員服務部，電話：1-877-723-7702（聽障專線（TTY）：711）。我們的上班時間每週七（7）天。我們的服務中心開放時間為週一至週五，上午8點至晚上8點（中部時間）。在週末和聯邦假日，可以使用語音訊息。如果您使用語音留言，會員服務部代表將在不遲於下一個工作日回電給您。這是免付費專線。

주의: 영어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-723-7702(TTY: 711)번으로 회원 서비스 부서에 전화하십시오. 전화 서비스는 주 칠(7)일 이용이 가능합니다. 당사의 콜센터는 월요일 ~ 금요일 오전 8시 ~ 오후 8시(중부 표준시)까지 영업합니다. 주말 및 연방 공휴일에는 음성 메시지를 남기실 수 있습니다. 음성 메시지를 남기시면 회원 서비스 안내 직원이 다음 영업일 내로 답신 전화를 드릴 것입니다. 이 통화는 무료입니다.

PAUNAWA: Kung nagsasalita kayo ng wikang Ingles, mayroon kayong makukuhang mga libreng serbisyo para sa tulong sa wika. Tumawag sa Member Services sa 1-877-723-7702 (TTY: 711). Matatawagan kami pitong (7) araw bawat linggo. Bukas ang aming call center ng Lunes-Biyernes 8:00 a.m. – 8:00 p.m. Central time. Kapag weekend at Pederal na pista-opisyal, may voice messaging. Kapag nag-iwan ka ng voice message, tatawagan ka ng kinatawan ng Member Services nang hindi lalagpas sa susunod na araw ng negosyo. Libre ang tawag.

انتباه: إذا كنت تتحدث اللغة الإنجليزية، فتتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل بقسم "خدمات الأعضاء" على الرقم 1-877-723-7702 (الهاتف النصي: 711). إننا نعمل سبعة (7) أيام في الأسبوع. مركز الاتصال متاح من الإثنين إلى الجمعة من الساعة 8 صباحاً إلى الساعة 8 مساءً بالتوقيت المركزي. في عطلات نهاية الأسبوع والعطلات الفيدرالية، تتوفر خدمة الرسائل الصوتية. إذا تركت رسالة صوتية، فسيرد ممثل خدمات الأعضاء على مكالمتك في موعد لا يتجاوز يوم العمل التالي. المكالمات مجانية.

ВНИМАНИЕ: Если вы говорите на русском языке, мы можем предоставить вам бесплатные услуги переводчика. Позвоните в отдел обслуживания участников по телефону: 1-877-723-7702 (TTY: 711). Мы работаем 7 (семь) дней в неделю. Наш колл-центр работает с понедельника по пятницу с 8:00 до 20:00 по центральному часовому поясу. По выходным и федеральным праздникам доступна запись голосовых сообщений. Если вы оставите голосовое сообщение, представитель отдела обслуживания участников перезвонит вам не позднее следующего рабочего дня. Звонок бесплатный.

توجہ دیں: اگر آپ اردو بولتے ہیں تو، زبان سے متعلق امداد کی خدمات، مفت میں، آپ کے لیے دستیاب ہیں۔ (1-877-723-7702 (TTY: 711) پر ممبر سروسز کو کال کریں۔ ہم ہفتے میں سات (7) دن دستیاب ہیں۔ ہمارا کال سینٹر پیر تا جمعہ سینٹرل ٹائم کے مطابق صبح 8:00 بجے سے شام 8:00 بجے تک کھلا رہتا ہے۔ اختتام ہفتہ اور وفاقی تعطیلات کے دن، صوتی پیغام رسانی دستیاب ہے۔ اگر آپ صوتی پیغام چھوڑتے ہیں، تو ممبر سروسز کا نمائندہ اگلے کاروباری دن سے پہلے آپ کو واپس کال کرے گا۔ یہ کال مفت ہے۔

LƯU Ý: Nếu quý vị không nói Tiếng Anh, luôn có các dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí cho quý vị. Hãy gọi cho Dịch vụ Hội viên theo số 1-877-723-7702 (TTY: 711). Chúng tôi làm việc bảy (7) ngày một tuần. Trung tâm chăm sóc của chúng tôi mở cửa từ Thứ Hai đến Thứ Sáu, 8 giờ sáng - 8 giờ tối theo giờ miền Trung. Vào các ngày cuối tuần và ngày lễ của Liên bang, sẽ có tính năng nhắn tin thoại. Nếu quý vị để lại tin nhắn thoại, nhân viên của bộ phận Dịch vụ Thành viên sẽ gọi lại cho quý vị không muộn hơn ngày làm việc tiếp theo. Cuộc gọi được miễn phí.

ATTENZIONE: se parla inglese, sono disponibili per Lei servizi gratuiti di assistenza linguistica. Chiami il Servizio per i membri al numero 1-877-723-7702 (TTY: 711). Siamo disponibili sette (7) giorni su sette. Il nostro centralino è aperto dal lunedì al venerdì dalle 8 alle 20 (fuso orario centrale degli Stati Uniti). Nei fine settimana e durante le festività federali, è disponibile un servizio di segreteria telefonica. Se lascia un messaggio vocale, un addetto del Servizio per i membri La ricontatterà entro il successivo giorno lavorativo. La chiamata è gratuita.

ध्यान दें: यदि आप हिनदी बोलते हैं, तो आप के लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को 1-877-723-7702 (TTY: 711) पर कॉल करें। हम सप्ताह में सातों (7) दिनों उपलब्ध हैं। हमारा कॉल सेंटर सोमवार-शुक्रवार सेंटरल टाइम के अनुसार सुबह 8:00 बजे से शाम 8:00 बजे तक खुला रहता है। सप्ताहांतों और संघीय अवकाशों पर, वॉइस संदेश सेवा उपलब्ध है। यदि आप वॉइस संदेश छोड़ते हैं, तो सदस्य सेवाओं का एक प्रतिनिधि अगले व्यापार दिवस से पहले आपको वापस कॉल करेगा। यह कॉल निःशुल्क है।

ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au 1-877-723-7702 (service TTY : 711). Nous sommes disponibles sept (7) jours sur sept. Notre centre d'appels est ouvert du lundi au vendredi de 8 h 00 à 20 h 00, heure du Centre. Un service de messagerie vocale est disponible les week-ends et jours fériés. Si vous laissez un message vocal, un représentant du Service adhérents vous rappellera au plus tard le jour ouvrable suivant. L'appel est gratuit.

ACHTUNG: Wenn Sie Englisch sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst an unter 1-877-723-7702 (TTY: 711). Wir sind rund um die Uhr sieben (7) Tage in der Woche für Sie da. Unser Call Center ist montags bis freitags von 8:00 – 20:00 Uhr Central Time geöffnet. An Wochenenden und gesetzlichen Feiertagen können Sprachnachrichten hinterlassen werden. Wenn Sie eine Sprachnachricht hinterlassen, werden Sie spätestens am nächsten Werktag von einem Mitarbeiter des Mitgliederdienstes zurückgerufen. Der Anruf ist kostenlos.

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm nan 1-877-723-7702 (TTY: 711). Nou disponib sèt (7) jou sou sèt. Sant dapèl nou an louvri Lendi-Vandredi 8:00 a.m. – 8:00 p.m. Lè zòn santral. Nan wikenn ak jou ferye Federal, gen mesaj vwa disponib. Si w kite yon mesaj vwa, yon reprezantan Sèvis Manm ap retounen w apèl la oplita nan pwochen jou ouvrab la. Apèl la gratis.

お知らせ：日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。メンバーサービスまで1-877-723-7702（TTY: 711）にお電話ください。週7日ご利用いただけます。コールセンターの営業時間は月～金曜日の午前8:00～午後8:00（米国中部時間）です。週末と連邦祝日には、音声メッセージサービスをご利用いただけます。音声メッセージを残していただければ、メンバーサービスの担当者が遅くても翌営業日に折り返しご連絡いたします。通話料は無料です。

ATENÇÃO: Se fala inglês, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Ligue para o Serviço de Apoio a Associados através do número 1-877-723-7702 (TTY: 711). Estamos disponíveis sete (7) dias por semana. A nossa central de atendimento está aberta de segunda a sexta-feira, das 8 h às 20 h, horário central dos E.U.A. Aos fins de semana e feriados federais, estão disponíveis mensagens de voz. Se deixar uma mensagem de voz, um representante do Serviço de Apoio a Associados irá devolver a sua chamada o mais tardar no dia útil seguinte. A chamada é gratuita.
