Health Care Benefits
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Blue Cross and Blue Shield of Illinois has been awarded accreditation for Utilization Management from URAC under the Health Utilization Management Standards. URAC, an independent, nonprofit organization, is a leader in promoting health care quality through accreditation and certification programs.
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 more than 70 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 options include flexible choices 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 Blue Cross and Blue Shield of Illinois has to offer. Our coverage options, tools and resources can help you on your journey to wellness.
Benefits

Overview

You have four medical options through Blue Cross and Blue Shield:
- HSA Basic
- HSA Plus
- HRA Select
- Preferred Access

No matter which option you choose, you’ll enjoy these benefits:
- **Preventive care and wellness visits** are paid in full and not subject to your deductible when care is received from network providers.
- **Large PPO network** that includes contracting hospitals, physicians, therapists, chiropractors, behavioral health professionals and other specialists. More than 85 percent of all physicians and hospitals in the United States contract with this PPO network.
- **Online decision tools** help increase your awareness and knowledge of health issues and help you keep track of health care expenses.
- **Broad range of coverage**
  - Office visits
  - Wellness care for adults (such as annual check ups)
  - Wellness care for children (such as childhood immunizations and well-baby care)
  - Emergency care
  - Hospital and surgical care
  - Maternity services
  - Diagnostic testing
  - Physical, speech and occupational therapy
  - Hospice care

A Leader in Health Care Benefits
When you choose Blue Cross and Blue Shield of Illinois coverage, you get a company with years of experience as well as an affordable health care benefit option and the resources to make informed decisions about your health.
Important Reminders about your Medical Coverage

To help get the most from your medical coverage and use your benefits most effectively, keep this information in mind:

- **Medical Necessity** — Your health care benefits are subject to medical necessity. If you are unsure that a service will be covered, you are advised to request predetermination of benefits approval. Just call Customer Service at the number on the back of your ID card.

- **Use Network Providers** — Always confirm that the doctor, hospital or other facility where you are seeking services is in the PPO network prior to receiving care. This helps to ensure you receive the highest level of benefits. Your regular doctor may already be part of the network. You may also receive care from providers outside the network, but benefits will be paid at a lower level and you may be subject to “balance billing” from the provider. Your out-of-pocket costs may be significantly higher if you use providers outside the network. You can verify network status by calling Customer Service at the toll-free number on your ID card.

- **Transition of Care** — If you are undergoing treatment for an acute condition during the transition from another health care benefits carrier, you may be eligible for transition of care coverage. This allows you to continue receiving treatment from your current doctor until you can safely transfer to another doctor in the PPO network. Acute conditions include cancer treatment, organ transplant, third-trimester pregnancy and other serious medical conditions. Call Customer Service at the number on the back of your ID card for more information.

**HSA Basic**

This option gives you control over how you spend your health care dollars. With this option, you are eligible to contribute to a Health Savings Account (HSA). HSA funds can be saved or used to help meet your annual deductible. Benefits begin once you have satisfied the annual deductible. You can see any doctor whenever you need care, but you receive the highest level of benefits from network providers. If you seek care from providers outside the network, your benefits are paid at a lower level.

**HSA Plus**

This option includes the same features as HSA Basic, but when you open a Health Savings Account and make contributions to it, RR Donnelley will also contribute to the account.

**What is a Health Savings Account?**

A Health Savings Account (HSA) is a tax-exempt savings account that is available to members who are covered by a high deductible health option. Contributions, potential interest gains and distributions from HSAs are tax free when they are used for qualified medical expenses. Funds in the account can be used to pay for qualified medical expenses and can count toward the deductible. Or you have the option to leave HSA funds untouched to grow as a savings vehicle to be used for future qualified expenses. HSA balances roll over from year to year and the account is owned by the employee. For more information on HSAs, contact Alliant Credit Union at 800-328-1935 or www.alliantcreditunion.org.*

*Alliant Credit Union is a separate company that does not offer Blue Cross and Blue Shield of Illinois products or services.
Benefits Overview continued

HRA Select*
This option offers similar features to the HSA Basic and HSA Plus options, but instead of a Health Savings Account, it includes an employer-funded Health Reimbursement Account (HRA). Funds from this account are automatically used to pay for eligible expenses and help you meet the annual deductible.

What is a Health Reimbursement Account?
With a Health Reimbursement Account, your employer sets aside a specific amount of money for you each year that is used to pay for covered medical expenses. Seamless claims processing means that funds are automatically deducted from the account so you don’t have any additional paperwork. Eligible expenses are applied toward your deductible. Remaining balances from the HRA carry over as long as you remain in the HRA Select option with BCBSIL and are added to the next year’s contribution from your employer. The greater your HRA balance, the less you have to pay out-of-pocket.

Preferred Access
Preferred Access is a PPO-based option, which includes an annual deductible that you must satisfy before benefits begin. When you seek care from contracting PPO network providers, you receive the highest level of benefits and substantially reduce the amount you pay out-of-pocket for medical services. Qualified medical expenses are applied toward your deductible. Once you meet the deductible, you pay a coinsurance amount for covered services until your out-of-pocket maximum is reached. At that point, the health insurance pays 100 percent for qualified medical expenses.

The terms “Health Reimbursement Account” and “Health Care Account” mean the same thing in the insurance industry. Your explanation of benefits (EOB) statement will show the balance and any amounts deducted from your account, but the account will be referred to as a Health Care Account or HCA on BCBSIL documents.

* Health Savings Accounts and Health Reimbursement Accounts have tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice, and nothing herein should be construed as tax or legal advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You may seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance options or products.
Prescription Drug Coverage

HSA Basic and HSA Plus
These options include Caremark as the administrator for your prescription drug benefits. Costs will be based on the type of prescription you use (generic, brand name preferred or brand name non-preferred) and how you buy it (at the pharmacy or through the mail). You will use a separate ID card from Caremark to utilize your prescription drug benefits. Both prescription drug expenses and medical expenses count toward your annual deductible and out-of-pocket maximum under these two medical options. For questions related to your prescription drug benefits, contact Caremark at (866) 273-8402 or visit www.caremark.com/rrd.

HRA Select
Prescription drug benefits for this option are administered by Prime Therapeutics, BCBSIL’s pharmacy benefit manager. You can fill prescriptions at the pharmacy or through the mail service program (for maintenance medications). Costs will be based on the type of prescription you use (generic, brand name preferred or brand name non-preferred) and how you buy it (retail pharmacy or mail). Your costs will be lower if you use generic drugs. With this option, you will only need one ID card for all your medical and prescription drug services. And prescription drug expenses are combined with medical expenses to count toward your annual deductible and out-of-pocket maximum. Be sure to show this card at the pharmacy when you fill a prescription. For more information, contact the Pharmacy Program at 800-423-1973 or visit www.bcbsil.com/rrd.

PrimeMail®, the mail order pharmacy through BCBSIL, makes it easy to sign up for home delivery of your maintenance medications. Just call 877-579-7627 and provide the name and strength of your prescription as well as your doctor’s name and telephone number. PrimeMail will do the rest.

Preferred Access
Caremark also administers prescription drug benefits under this medical option. Costs will be based on the type of prescription you use (generic, brand name preferred or brand name non-preferred) and how you buy it (at the pharmacy or through the mail). You will use a separate ID card from Caremark to utilize your prescription drug benefits. Only medical expenses count toward your annual deductible, but you have separate medical and prescription drug out-of-pocket maximums under this medical option. For questions related to your prescription drug benefits, contact Caremark at 866-273-8402 or visit www.caremark.com/rrd.

The formulary, dispensing limits and prior authorization requirements for Caremark and Prime Therapeutics may be different. Call the prescription drug Customer Service telephone numbers or go to www.bcbsil.com/rrd for more information.
Benefits Overview continued

Emergency Care
If you, as a sensible consumer (with an average knowledge of health and medicine) need to go to
the emergency room of any hospital, your care will be covered (subject to your deductible and any
applicable copayments or coinsurance). 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. You, a family member or friend must contact us 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 our Web site at www.bcbsil.com/rrd to find provider names and locations using the
  Provider Finder®. Maps and driving directions are also available.
• Call customer service at (800) 537-9765. The number is also 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.

At hospitals that participate in the BlueCard Worldwide® program, in most cases, you will not have
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 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 customer service or online at www.bcbsil.com/rrd.
Online Tools Help You Manage Your Health and Your Health Care

After you’ve enrolled, you can use Blue Access® for Members, our secure online service, to check the status of a claim, view your explanation of medical benefits and confirm who is covered under your benefits. Another feature gives you the option of receiving an e-mail when a claim for you or a dependent has been finalized by Blue Cross and Blue Shield. You can access Explanation of Benefits (EOB) information online and opt out of receiving paper copies. Members with an HRA will see any amounts deducted from the account – as well as the account balance on the EOB.

Other tools for members:

- **Hospital Comparison Tool** — access an 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.

- **Treatment Cost Advisor™** — obtain cost information for common health care services based on demographic and geographic data.

**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.

**Blue Care® Advisors**

If you have certain health conditions a Blue Care Advisor (a registered nurse or other health care professional) may contact you to help you adopt healthier habits and learn to manage medical conditions more effectively. Your participation is voluntary and completely confidential.

**Case Management**

In the event that you or a covered family member experiences multiple or complex medical problems, our case management nurse – registered nurses with specialized training and clinical experience – can work with you. At a time that’s usually very stressful, case managers can be your advocate by:

- Helping to explain your medical problems and treatment plans
- Facilitating communication among many health care providers
- Coordinating treatment plans
- Explaining your health care benefits and how to get the most out of them
- Helping you access the right resources and services
- Assisting with transitions from one health care setting to another

*If you are contacted by a Blue Care Advisor or case manager, you may have been selected based on claims or pharmacy data, other risks identified, or provider referrals. Your participation is voluntary and confidential.*
The 24/7 Nurseline is available whenever you have a health-related question.
Utilization Management
These programs can help you understand your benefits and identify health care resources. You or your physician may be required 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.

Mental Health and Chemical Dependency
Behavioral health professionals help members find providers for mental health and chemical dependency treatment and certify members’ inpatient or partial hospitalization. Staff members are available to take your call 24 hours a day, seven days a week.

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 pregnant members better understand and manage their pregnancies by providing educational materials and support, including pregnancy risk assessment and monitoring. You also have access to a 24-hour, toll-free BabyLine staffed by maternity nurses.

Weight Management
This program offers guidance and support to help you lose weight. Use online tools to learn about a healthy weight, healthy eating habits and how to be more active. Set goals and create an action plan to help you change behaviors and stay motivated, and take advantage of wellness-related products and services. To get started, go to the Personal Health Manager and click the Weight Loss button or call Customer Service at the number on the back of your ID card.

Tobacco Cessation
If you want to quit smoking, this program can help you with online tools, support and discounts for wellness-related products and services. To participate, go to the Personal Health Manager and click the Stop Smoking button or contact Customer Service.
Benefits Overview continued

Personal Health Manager
Numerous online tools and information help you manage your health care, whether you want to improve your overall health, manage a chronic health condition or prepare for a specific medical treatment. You can:

- Create a personal health record for you and your family. With your permission, providers, family members and BCBSIL nurses can access your health records to help facilitate your care.
- Access online health libraries to research health and medical information, including wellness tracking tools, videos and interactive tutorials – many personalized to your interests.
- Find information on exercise, nutrition and lifestyle issues in the For Your Health section.
- Receive targeted wellness information via e-mail to help manage specific medical conditions, including alerts for screening tests, and set up reminders for medical appointments and medication refills.

Plus, you can earn Blue Points℠ each time you track a fitness workout, report a meal, or engage in other activities in the For Your Health section of the Personal Health Manager. Blue Points can be redeemed for health improvement and other products at the Blue Points Redemption Center. Blue Points rules are subject to change without notice.

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.

Vision Discount Program
Save on eye exams and eyewear, including frames, lenses, lens options and permanent contact lenses, through a national network of ophthalmologists, optometrists and opticians. You can also save on laser vision correction surgery and disposable contact lenses.

Hearing Discount Program
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 money back guarantee, a two-year warranty and a selection of hearing aid styles at various price levels.

*BlueExtras is a discount program available to some members. This is not insurance. 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 your plan deductible, calendar year or lifetime maximums. 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.
**Weight Management Discount Programs**

- **Jenny Craig** is a long-term food/body/mind solution that can help you manage your weight by teaching 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 Web site at [www.jennycraig.com](http://www.jennycraig.com).

- **Curves** offers a 30-minute workout that combines strength training and sustained cardiovascular activity through safe and effective resistance equipment**. For more information about Curves and to find the locations nearest you, visit the Curves Web site at [www.curves.com](http://www.curves.com) or call (800) CURVES-30/(800-287-8373).

- **Life Time Fitness** offers a complete health fitness experience no matter your fitness level, interests, schedule or budget**. For more information visit BAM or the Life Time Fitness Web site at [www.lifetimefitness.com](http://www.lifetimefitness.com) where you’ll find a seven-day pass to the location nearest you.

**Complementary Alternative Medicine Discount Programs**

Complementary Alternative Medicine (CAM) includes a variety of therapies that may help to increase wellness, prevent illness and address existing symptoms and conditions**. Through BlueExtras, 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. Note that your program may provide benefits for chiropractic, physical, occupational and other therapies, as well as certain registered dietitian services.

If you are a BCBSIL member, log on to Blue Access® for Members at [www.bcbsil.com/rrd](http://www.bcbsil.com/rrd) for more details about your BlueExtras discounts.

**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 mammograms. Refer to your Summary Plan Description (SPD) for details.

**Fraud Hot Line**

We encourage you to report any information about health care fraud. Our fraud hot line is available 24 hours a day, seven days a week toll free at (800) 543-0867. For more information about our fraud awareness program, go to [www.bcbsil.com/sid](http://www.bcbsil.com/sid).

**You can access your Summary Plan Description (SPD) at [www.rrdspdxpress.com](http://www.rrdspdxpress.com).**

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**The relationships between Blue Cross and Blue Shield of Illinois and CAM, Jenny Craig, Curves and Life Time Fitness are that of independent contractors.**

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**Hearing Impaired Phone Lines**

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<thead>
<tr>
<th>Language</th>
<th>TTY Only</th>
<th>Voice</th>
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</thead>
<tbody>
<tr>
<td><strong>English</strong></td>
<td>(800) 526-0844</td>
<td>(800) 526-0857</td>
</tr>
<tr>
<td><strong>Spanish</strong></td>
<td>(800) 501-0864</td>
<td>(800) 501-0865</td>
</tr>
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FAQ  

Frequently Asked Questions

Whom do I call with questions about my benefits?
Call customer service at (800) 537-9765.

How do I find a doctor in the network?
Go to www.bcbsil.com/rrd and use the Provider Finder® or call Customer Service.

Do I need a referral from my doctor to see a specialist?
No. You can see any doctor at any time without a referral. If you see a specialist who is part of the 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.

I’m being treated by a doctor who is not part of the PPO network. Can I continue to see this doctor after enrolling in a BCBSIL option?
If you are undergoing treatment for an acute condition during the transition to BCBSIL you may be eligible for transition of care coverage. This allows you to continue receiving treatment from your current doctor until you can safely transfer to another doctor in the PPO network. Acute conditions include cancer treatment, organ transplant, third-trimester pregnancy and other serious medical conditions. Contact Customer Service for more information.

What if my doctor says I need to go into the hospital for surgery?
You may need to call us prior to your scheduled inpatient admission. Review your SPD for specific requirements or call Customer Service at the toll-free number on the back of your ID card.

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 may need to call us at the toll-free number on your ID card. Review your SPD for specific requirements.

Are my medical records kept confidential?
Yes. We are 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. We may need to review your medical record or claims data (for example, as part of an appeal that you request). If so, we will take every precaution to keep your information confidential. In many cases, your identity will not be associated with this information.

You can access your Summary Plan Description (SPD) at www.rrdspdxpress.com.
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 Web site.

www.besmartbewell.com

where awareness and prevention meet

be smart. be well.

The descriptions provided in this brochure are based on official plan documents. Every effort has been made to ensure the accuracy of this material. In the unlikely event that there is a discrepancy between this brochure, the Summary Plan Descriptions and the official plan documents, the official plan documents will control. RR Donnelley reserves the right to amend or terminate the plans or programs at any time for any reason.