



BlueCross BlueShield of Illinois

**benefit
choice**

Enrollment Guide

Effective July 1, 2025, to June 30, 2026

2025

Blue Choice OptionsSM
Open Access Plan
Tiers I, II & III

HMO Illinois[®]

Blue Advantage HMOSM

State of Illinois

Local Government Health Plan

Teachers' Retirement
Insurance Program

College Insurance Program



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More Illinois residents get their health care benefits from Blue Cross and Blue Shield of Illinois than from any other health insurer in the state.

Customer Service

Blue Choice Options – OAP Tiers I, II & III
855-810-6537

The HMOs of Illinois
800-868-9520

Blue Choice Options – OAP Tiers I, II & III

Benefits Overview

Enjoy broad access, personal choice and cost savings.

Blue Choice Options – OAP offers the same range of health care benefits and member services as the larger PPO network, but may save you money over other PPO health plans.

You have a choice of providers in Illinois.*

Tier I

- Over 98,600 providers
- 238 hospitals
- Pay the lowest out-of-pocket costs with Blue Choice Options network providers

Tier II

- Over 108,900 providers
- 271 hospitals
- Available in all counties in the state
- Pay additional out-of-pocket costs with participating providers in the larger PPO network

Tier III

- Out-of-network providers
- Pay the highest out-of-pocket costs with out-of-network providers

When traveling outside your state, OAP members also get access to BlueCard[®], a national network of independently contracted providers that includes more than 90% of hospitals and 80% of physicians nationwide.

How OAP tiers work

OAP is designed for members who want the benefits of a PPO with the flexibility to use a large network when the need arises — all at a lower price than our traditional PPO plan.

To receive the highest level of benefits, use the independently contracted doctors and hospitals within the Blue Choice Options – OAP Tier I network. You can receive care from a provider within the larger PPO network (OAP Tier II), but will pay higher out-of-pocket costs. You pay the highest out-of-pocket costs when you choose an out-of-network provider. You may even have to pay those fees up front.

* As of Oct. 2024; report compiled by BCBSIL Provider Data Analytics & Reporting.

Blue Choice Options – OAP Tiers I, II & III

Benefits Overview

With a PPO-based plan, you have a range of benefits and the flexibility to choose your doctor or hospital when you need care. PPO plans include an annual deductible you must meet. Qualified medical expenses are applied toward your deductible.

Network access is one of the many reasons to choose a PPO-based plan. The BCBSIL networks include independently contracted hospitals, physicians, therapists and behavioral health professionals, along with complementary and alternative medicine practitioners.

Medical care

Your benefits may include coverage for:*

- Physician office visits
- Breast cancer screenings
- Cervical cancer screenings
- Inpatient hospital services
- Muscle manipulation services
- Outpatient hospital services
- Physical, speech and occupational therapies
- Outpatient surgery and diagnostic tests
- Infertility treatment
- Maternity care
- Behavioral health and substance use treatment
- Hospital emergency medical and accident treatment

Preventive care

Your benefits include preventive care for children and adults, including physical exams, diagnostic tests and immunizations. Check your group plan for the specific coverage.

Tiered benefit plans help you control the cost of your care.

Emergency care

If you need to go to the emergency room of any hospital, your care will be covered subject to your plan's deductible and any applicable copayments or coinsurance. In an emergency, seek care from an ER or other similar facility.

Call **911** or other emergency resources to obtain assistance in life-threatening situations.* Your group plan may require that you, a family member or friend contact BCBSIL if you are admitted to the hospital.

National coverage

Your coverage includes nationwide access to independently contracted providers through the BlueCard program. You and your covered dependents can find BlueCard providers when you live, work or travel anywhere in the United States. The national network includes more than 95 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 contracted doctors and hospitals:

- Visit bcbsil.com/stateofillinois to see provider names and locations using Provider Finder, an online search tool. Maps and driving directions are also available.
- Call the toll-free number on your ID card.

To find a provider in the Blue Choice Options network, go to bcbsil.com/stateofillinois, click the Doctors and Hospitals tab and select your network.

* Coverage levels vary by health plan, so refer to your plan documents for details.

Blue Choice Options – OAP Tiers I, II & III

Benefits Overview

Reconstructive surgery following mastectomy

Federal and 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 lymphedema.

International coverage

When you travel outside the United States and need medical assistance services, call **800-810-BLUE (2583)** (toll-free) or **804-673-1177** (collect) for information.



Blue Cross and Blue Shield has contracts with doctors and hospitals in more than 190 countries. An assistance coordinator, in conjunction with a medical professional, can arrange your doctor's appointment or hospitalization, if necessary.

Providers that participate in the **Blue Cross Blue Shield Global® Core program**, in most cases, will not require up-front payment for inpatient care. You *are* responsible for out-of-pocket expenses, such as your deductible, copayment, coinsurance and services that are not covered by your plan. The doctor or hospital should submit your claim.

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

Your health care benefit plan travels with you wherever you go — across the country or around the world.

Practical and Smart

If you have questions about OAP Tiers I, II & III:

- Visit **bcbsil.com/stateofillinois**
- Call Customer Service at **855-810-6537**

* For medical emergencies, call **911** or your local emergency services first. Talk to your doctor about any health questions or concerns.



The HMOs of Illinois

Benefits Overview

Both Blue Advantage HMO and HMO Illinois provide the benefits, customer service and flexibility you expect from the trusted Blue Cross and Blue Shield name. HMOs also offer an array of benefits with the security of predictable copayments.

When you join one of the HMOs of BCBSIL, you choose a contracting medical group within your network.* You will also need to choose a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician.

Your PCP provides or coordinates your health care, helps you make informed decisions and, when necessary, refers you to specialists who are usually within your medical group network. Each specialist referral is authorized for a specific number of visits or time frame (up to one year).

In addition to their PCP, female members can also choose a woman's principal health care provider to provide or coordinate their health care services. The WPHCP and PCP must be affiliated with or employed by your participating medical group. Physicians in the same medical group have a referral arrangement. You do not need a PCP referral to see your WPHCP.

The networks

Blue Advantage HMO gives you access to a broad network of contracting health care providers in Illinois. In fact, your regular doctor may already be part of the network. Tailored for members who prefer a more affordable health care plan, Blue Advantage HMO has premiums that are typically lower than HMO Illinois premiums.

HMO Illinois gives you access to one of the largest contracting health care provider networks in Illinois. Many members do not need to change doctors when they join. However, HMO Illinois is typically available at a higher premium cost than Blue Advantage HMO.



Effective July 1, 2025, Advocate Physician Partners will not be part of the HMO Illinois network, but will remain in the Blue Advantage HMO network. If you want to use Advocate Physician Partners, you must enroll in Blue Advantage HMO.

Advocate Physician Partners includes: Advocate Christ Hospital Physician Partners, Advocate Condell Physician Partners, Advocate Good Samaritan Physician Partners, Advocate Good Shepherd Physician Partners, Advocate Illinois Masonic Physician Partners, Advocate Lutheran General Physician Partners, Advocate Medical Group, Advocate Medical Group West, Advocate Sherman Physician Partners, Advocate South Suburban Physician Partners, Advocate Trinity Physician Partners

* Contracting medical groups/individual practice associations are independent contractors and are not employees or agents of Blue Cross and Blue Shield of Illinois. Doctors contract independently with the medical groups, which, in turn, contract with BCBSIL. BCBSIL contracts with medical groups to participate in the network, not with individual doctors. Your HMO from BCBSIL is your health care benefits plan, not your health care provider.

The HMOs of Illinois

Benefits Overview

Medical care

The range of benefits includes coverage for:

- Physician office visits
- Outpatient surgery and diagnostic tests
- Screening for breast, cervical, colon and prostate cancer
- Inpatient hospital services
- Maternity care
- Outpatient hospital services
- Inpatient and outpatient mental health and substance use treatment
- Rehabilitative therapy (such as physical, speech and occupational therapy)
- Inpatient and outpatient treatments

To find a medical group and PCP in the network, go to bcbsil.com/stateofillinois, click **Doctors and Hospitals**, click the HMO network search option of your choice and select your other criteria. You can also request a printed directory by calling Customer Service at **800-868-9520**.

Each covered family member can choose a different medical group and PCP from the network. It's also easy to change your PCP or medical group for any reason. To select a different PCP within your existing medical group, just call the medical group. To change your medical group, call Customer Service or use the online forms available in Blue Access for Members at bcbsil.com/stateofillinois. See your benefit booklet or call Customer Service for more information.

With nearly nine million members, BCBSIL is the largest health insurer in Illinois. We offer the largest HMO health care network in the state. Unlike other HMOs, our model lets doctors and patients decide what care is best. We reward providers with the best outcomes.

Preventive care

Another HMO benefit is coverage for preventive care and wellness services for children and adults, such as routine physicals, screenings, tests and immunizations, including childhood immunizations. Also, BCBSIL sends reminders to members to schedule flu shots, mammograms, pap tests and early childhood immunizations.

Out-of-area coverage

The HMOs of BCBSIL give you access to health care benefits when you travel or temporarily live out of state.

Guest membership

If you are out of the service area for at least 90 consecutive days, you can apply to become a guest member of another participating HMO plan from Blue Cross and Blue Shield. You must remain a permanent resident within your HMO service area to be eligible for guest membership. To find out if a guest membership is available at your destination or to sign up with an HMO in another state, call the toll-free number on your ID card before leaving home.



The HMOs of Illinois

Benefits Overview

BlueCard

If you are traveling outside of Illinois for short periods of time (less than 90 consecutive days), and you need urgent or emergency care, you can use the BlueCard program.

In an emergency, go directly to the nearest hospital or call **911** (if it is available in your location).^{*} Notify your PCP or BCBSIL about your visit within 48 hours, if possible. For more information about your BlueCard benefits, please call the toll-free number on your ID card.

Emergency care

If you need to go to the emergency room of any hospital, your care will be covered. You have health care coverage for hospital ER care, inpatient hospital care directly resulting from any medical emergency and ER follow-up care. Emergency care benefits cover members who have a medical emergency that may occur at any time.

If possible, try to call your PCP before going to the hospital ER. Your PCP or another doctor in your contracting medical group may be able to treat you in the office, helping you avoid a hospital ER visit that could result in an additional expense to you.

However, if you think your condition is a medical emergency, you should go to the nearest hospital ER or dial **911** immediately. Notify your PCP of any emergency treatment received. Emergency care benefits are limited to the initial emergency treatment unless your PCP orders further treatment. Your PCP must provide or coordinate your follow-up care.

Substance use disorder treatment

Treatment for substance use disorder (sometimes known as substance abuse or substance misuse) is covered in your benefit plan. Please contact your PCP for a referral to a specialist.

^{*} For medical emergencies, call **911** or your local emergency services first. Talk to your doctor about any health questions or concerns.

Reconstructive surgery

Federal and Illinois legislation require that group health plans and health insurers provide coverage for reconstructive surgery following a mastectomy. 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 for physical complications for all stages of mastectomy care, including lymphedema.

The HMOs of BCBSIL cover these procedures and annual mammograms when ordered by a member's PCP or WPHCP, subject to the terms of the member's applicable health care benefit coverage. Visit [bcbsil.com/stateofillinois](https://www.bcbsil.com/stateofillinois) or call Customer Service for more information.

Utilization management

The HMOs of BCBSIL support the belief that the best people to determine what medical care you need are you and your doctor. BCBSIL does not get involved in deciding your course of treatment. Your doctor is encouraged to listen to your concerns and discuss all treatment options with you to help you make informed decisions. Your network medical group may review certain referrals or procedures for appropriateness of care. Your HMO doesn't get involved unless you request an appeal from BCBSIL because you disagree with decisions made by your PCP or medical group.

Fraud hotline

You are encouraged to report any information about health care fraud. The BCBSIL Fraud Hotline is available 24 hours a day, seven days a week at **800-543-0867** (toll-free).

The HMOs of Illinois

Prescription Drug Card Program



Your HMO benefits also include prescription drug coverage. The outpatient prescription drug program is based on a tiered drug list that covers drugs for every major drug class.

It is regularly reviewed and is subject to changes throughout the year. While coverage may vary depending on your health care benefit plan, you usually pay less for covered preferred drugs than for covered non-preferred drugs.

The performance annual drug list shows all covered drugs. Drugs that are not shown on this list are not covered. For drugs that are not covered, ask your doctor about therapeutic alternatives. Your doctor can also request a drug list coverage exception from BCBSIL (unless you have a benefit exclusion). Check the drug list at [bcbsil.com/stateofillinois](https://www.bcbsil.com/stateofillinois) and click **Coverage**.

What is a prescription drug list?

Your prescription drug list is based on the Performance Annual Drug List. This list is a list of drugs routinely reviewed and chosen based on the recommendations of a committee. The committee is composed of people from throughout the country who hold medical or pharmacy degrees. U.S. Food and Drug Administration-approved drugs are chosen based on their safety, cost and how well they work.

Why should I use the drug list?

Your copayment or coinsurance amount is based on whether your drug is on the drug list and at what coverage tier. How much you pay out of pocket is often less if you choose a drug that is a lower tier. The drug list is a resource for your doctor when prescribing medicines. But it is solely up to you and your doctor to decide the medicine that is best for you.

What are the advantages of using generic drugs?

Generics are recognized as safe and effective medicines. Generics often cost less than brand-name medicines. A generic can usually be substituted for a brand-name drug if it has the same active ingredients, has the same strength and dosage form and produces the same results. Talk to your doctor or pharmacist to find out if a generic drug is available and right for you.

How do I know if a drug is on the drug list and what my cost will be?

To search the drug list, go to [bcbsil.com/stateofillinois](https://www.bcbsil.com/stateofillinois) and click **Coverage**. Or, call the number on your ID card.

How much you pay out of pocket will be based on your prescription drug benefit plan and what tier the drug is on the drug list. To find out what you will pay, visit [bcbsil.com/stateofillinois](https://www.bcbsil.com/stateofillinois) and log in to **Blue Access for Members** or call the number on your ID card.

What are dispensing limits?

Based on FDA-approved dosing regimens and research by the manufacturer, certain drugs have dispensing limits. This means that these drugs have a limit on how much medicine can be filled per prescription or in a given time span. For example, coverage for the osteoporosis drug Actonel® (risedronate) can only be filled as 30 tablets per 30 days because the FDA-approved labeling states that the recommended dose is one 5 mg tablet taken daily by mouth.

What if I have questions?

Call Customer Service at the number on your ID card, weekdays between 8 a.m. and 6 p.m. CT, or visit [bcbsil.com/stateofillinois](https://www.bcbsil.com/stateofillinois).

Save money by choosing generic drugs instead of brand drugs.

The BCBSIL App

Your Virtual Medicine Cabinet

Access Your Benefits and Save on Prescriptions



The Blue Cross and Blue Shield of Illinois mobile app lets you manage care across your BCBSIL benefits — all in one place.

How the app works

With the BCBSIL App, you can find in-network care, share your member ID with your doctor's office or pharmacy, check coverage, view your claims status and history, and more. You'll also have access to a suite of pharmacy features that let you:

- Compare drug costs at different pharmacies
- Find available lower-cost drug options
- Access information about your prescription drugs, including medication details, pre-approvals and refills
- Get reminders when it's time to refill a prescription
- Search for and contact in-network pharmacies
- Check on clinical review status and details
- Chat with a pharmacy customer service representative

Scan a QR code to download the free app.

Use your **Blue Access for MembersSM** login, or create an account to get started.



Not all features are available for all plans

Provider Finder

Looking for a Doctor?

Our online tool is a convenient way to locate doctors and hospitals in your network. You can filter the search results by provider type, specialty, ZIP code, language and gender. Plus, get door-to-door directions with Google Maps™. It's now faster and simpler to do than ever before.

Find a doctor online

Go to bcbsil.com/stateofillinois and click the **Doctors and Hospitals** tab to get started. Or scan the QR code to start your search.



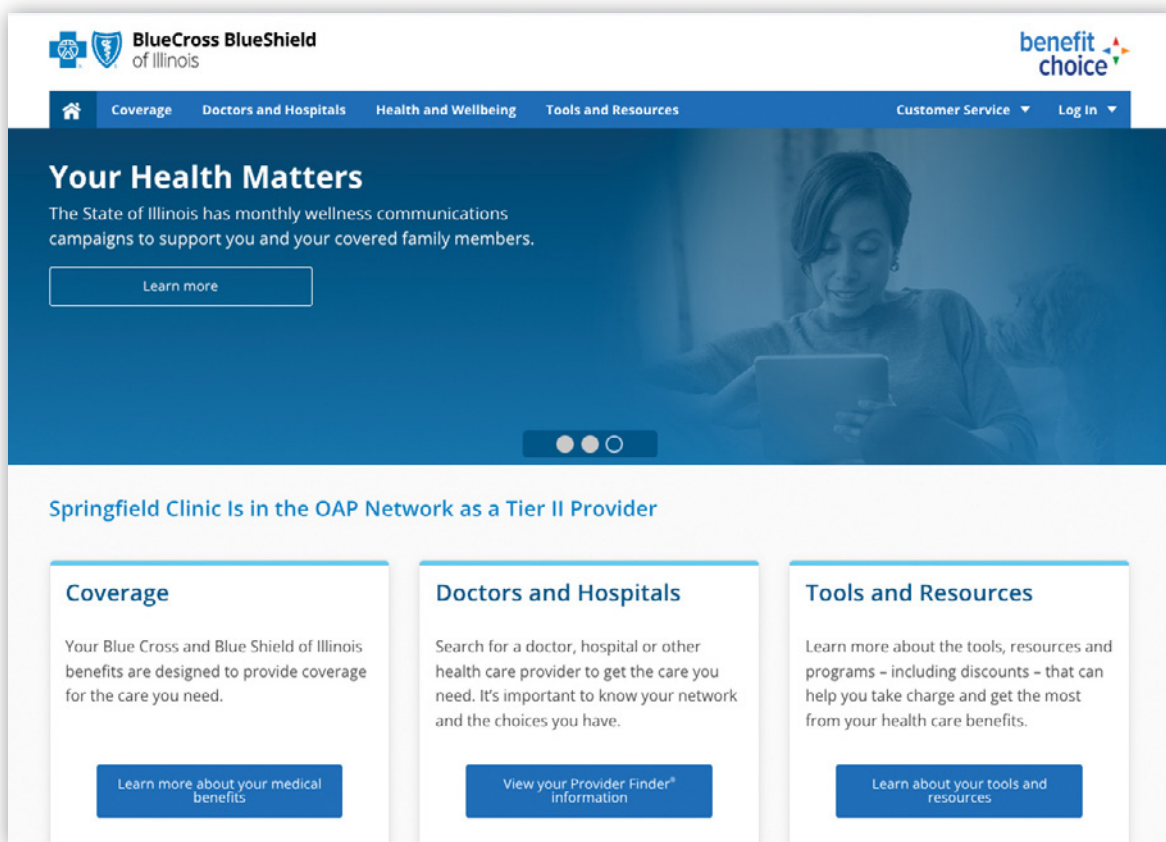
Go digital

Share how you want to communicate with us. Prefer texting? Sign up for claims and benefit information, health tips and other reminders. Prefer email? We'll send information to your preferred email address. Go to bcbsil.com/preferences.

Provider Finder is a fast, easy and secure way to find:

- Family doctors
- Specialists
- Urgent care centers
- Hospitals
- Pharmacies
- Imaging centers (X-rays, MRIs)
- Behavioral health professionals
- Labs
- And more

Provider Finder offers more ways to search than ever before.



The screenshot shows the BlueCross BlueShield of Illinois website. The header includes the BlueCross BlueShield of Illinois logo and the benefit choice logo. The navigation bar has links for Coverage, Doctors and Hospitals, Health and Wellbeing, Tools and Resources, Customer Service, and Log In. The main content area features a banner titled "Your Health Matters" with a sub-header "The State of Illinois has monthly wellness communications campaigns to support you and your covered family members." and a "Learn more" button. Below the banner, there is a section titled "Springfield Clinic Is in the OAP Network as a Tier II Provider". This section contains three columns: "Coverage" with a "Learn more about your medical benefits" button, "Doctors and Hospitals" with a "View your Provider Finder* information" button, and "Tools and Resources" with a "Learn about your tools and resources" button.

Where You Go for Care Matters

Know Where to Go for Care



What do you do if your clutch player breaks an arm in the big game? Or you slice your finger chopping veggies? Or have stomach cramps after last night's sushi date? Often the choice is clear. If you have signs of a heart attack, it's best to go to the emergency room. But what if you have a sore throat? Or lower back pain?

Knowing where to go can make a big difference in the cost of your care — especially when you use in-network providers.

We make it easy to find independently contracted, in-network providers near you:

- Go to bcbsil.com/stateofillinois and click **Doctors and Hospitals**
- For personalized search results, go to bcbsil.com/stateofillinois, click **Log In**, choose **Member Log In** or **Register Now** and search in Blue Access for Members
- Call BCBSIL Customer Service at the number on your ID card

Doctor

Is your blood pressure high? Are allergies making you miserable? Can't sleep? Your go-to provider is a good place to start. Some even offer telemedicine. If you need a specialist, your doctor will tell you.

Good for: health exams, shots, cough, sore throat

Average wait: check with office

Cost: in network \$ out of network \$\$



Retail Health Clinic

Need a flu shot? Feel queasy? Have an earache or rash? Many grocery stores and pharmacies have on-site medical clinics. Some may even see patients evenings, weekends and holidays.

Good for: headache, stomach ache, sinus pain

Average wait: check with clinic

Cost: in network \$ out of network \$\$



Where You Go for Care Matters

Urgent Care Center

Sprain your ankle? Have a monster migraine? Can't stop coughing? These centers offer non-emergency care when your doctor's office isn't open evenings, weekends or holidays. Some may offer online booking.

Good for: back pain, vomiting, animal bite, asthma

Average wait: often less than ER

Cost: in network \$\$ out of network \$\$\$



Hospital ER

Worried you may be having a heart attack? Did you black out after a nasty fall? ER doctors and staff treat serious and life-threatening health issues 24/7.

Good for: chest pain, bleeding, broken bones

Average wait: varies

Cost: \$\$\$\$



Know the Difference: Freestanding ER vs. Urgent Care Center

Freestanding ERs look a lot like urgent care centers, but may not be affiliated with an in-network hospital. That means you could end up with a hefty bill (or several bills). You might even be sent to a hospital ER for care! Here are ways to spot a freestanding ER:

1. Look for "Emergency" on the building exterior.
2. Check the hours. If it's open 24/7, it's a freestanding ER. Urgent care centers close at night.
3. Confirm it's not connected to a hospital.
4. Ask if it follows the copay, coinsurance and deductible payment model.

If you need emergency care, call 911 or seek help from any doctor or hospital immediately.

Note: Many health care providers offer telehealth appointments. Ask your preferred provider if they do and if it is appropriate for your condition(s).

Members are strongly advised to search and verify the network status of any health care provider or facility before receiving care to avoid unexpected charges. Network participation may change, and it is the member's responsibility to review whether a provider is in network at the time of service.

Examples given for each care scenario are not intended as an exhaustive list. You may seek care and be treated for other conditions or illnesses other than those cited as examples.

Information provided in this flier is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individualized advice on the information provided. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the number on your member ID card.

Blue Access for Members

Your Online Resource

BCBSIL helps you get the most out of your health care benefits with Blue Access for Members. You and all covered dependents age 18 and up can create an account.

You can:

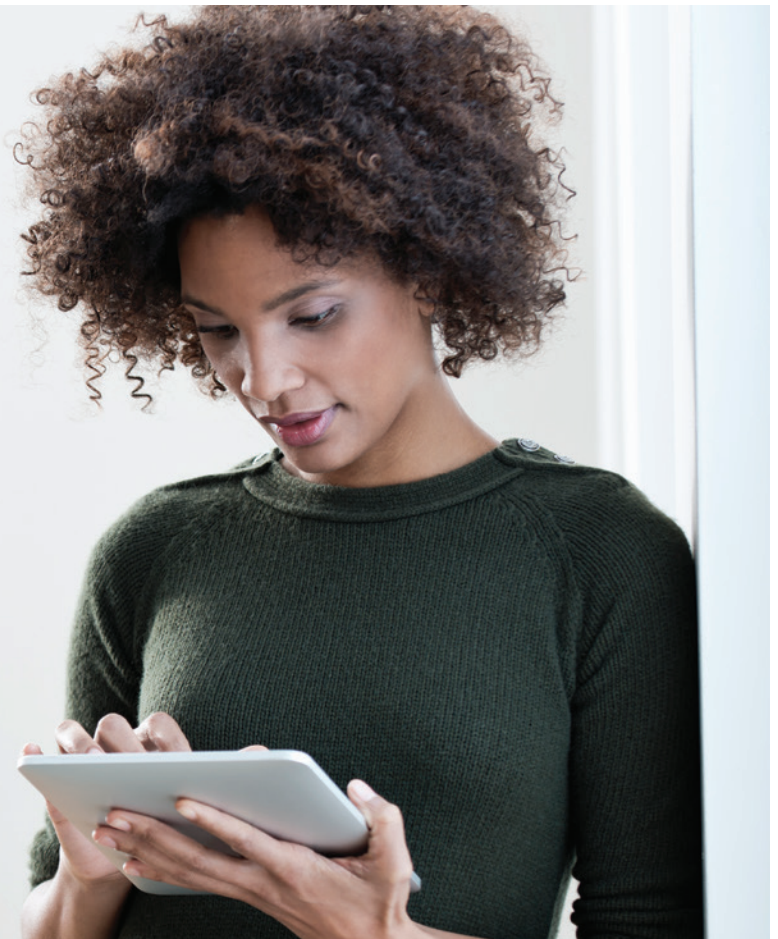
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or other health care provider, hospital or pharmacy in your plan's network
- Find Spanish-speaking providers
- Request a new ID card — or print a temporary one

Get started

- 1 Go to bcbsil.com/stateofillinois.
- 2 Click **Log In** and then **Register Now**.
- 3 Use the information on your member ID card to complete the registration process.

Stay connected with BCBSIL and access important health benefit information wherever you are.

Text **BCBSILAPP** to **33633** to get our app that lets you use Blue Access for Members while you're on the go.*

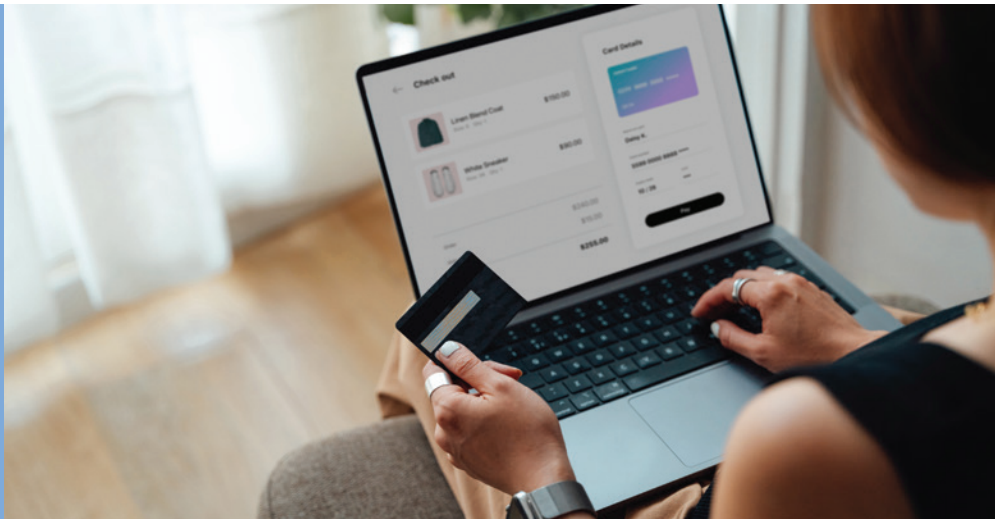


* Message and data rates may apply. Terms, conditions and privacy policy can be found at bcbsil.com/mobile/text-messaging.

Blue365 Discount Program

Enjoy Special Savings

Blue365 is just one more advantage you have as a BCBSIL member. With this discount program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or prior authorizations.



Once you sign up for Blue365 at blue365deals.com/bcbsil, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365:

EyeMed | Davis VisionSM

You may save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing[®] | BeltoneTM

You may get possible savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental SolutionsSM

You may get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50%.*

See all the Blue365 deals and learn more at blue365deals.com/BCBSIL.

Sun Basket | Nutrisystem[®]

Get help reaching your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

Garmin

From your desk to the gym, from the golf course to the pool, your Garmin smartwatch is with you every step of the way, going places your smartphone won't. You'll get up to a 20% discount on Garmin devices plus free shipping.

Reebok | SKECHERS[®]

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

* Dental Solutions requires a \$9.95 signup and \$6 monthly fee.

The relationship between these vendors and Blue Cross and Blue Shield of Illinois is that of independent contractors. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under the health plan you choose to offer. Employees should check their benefit booklet or call the customer service number on their ID card for specific benefit facts.

Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program and may change at any time. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

Well onTarget

A New Way to Experience Wellness

Well onTarget can give you the support you need to make healthy choices — while rewarding you for your hard work.

Member wellness portal

The heart of Well onTarget is the member portal, available at wellontarget.com. It uses the latest technology to offer an enhanced online experience. Enjoy easy access to a variety of amenities.

Self-management programs: These programs let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, managing stress and more. Track your progress as you make your way through each lesson. Reach your milestones and earn Blue PointsSM.

Health and wellness content: Reader-friendly articles about conditions and medicines.

Tools and trackers: These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.

Fitness tracking: Track your fitness activity using popular fitness devices and mobile apps.

Health assessment¹: The HA poses questions to learn more about you. After you take the HA, you will get a personal wellness report. This confidential report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals. You can share this report with your health care provider.

Blue Points: This program can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points for digital gift cards.² The program gives you points instantly, so you can use them right away.

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

2. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

3. Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can log in and join through the primary member's account as an "additional member."

4. Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

Focus on fitness

The Fitness Program gives you flexible options to help you live a healthy lifestyle and gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.³

Flexible gym network: A choice of gym networks to fit your budget and preferences.

Base	\$19/mo	3,500+ Standard Gyms [†]
Core	\$29/mo	8,500+ Standard Gyms
Power	\$39/mo	13,000+ Standard Gyms
Elite	\$129/mo	Access to 1 Luxury Gym + All 13,000+ Standard (Luxury Gyms differ by tier, 180+ Available) [†]
Pro	\$159/mo	
Signature	\$199/mo	
Premier	\$239/mo	
Digital Content Only: Video and Live Stream (\$10/mo) Studio Class Rewards: 30% off every 10th Class		

[†] Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

Studio class network: Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.

Family friendly: Expands gym network access to your covered dependents at a bundled price discount.

Convenient payment: Monthly fees are paid via automatic credit card or bank account withdrawals.

It's easy to sign up. Log in to Blue Access for Members, go to **My Health**, click **Wellness** and then go to **Fitness Program**.

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number **888-762-2583** Monday through Friday from 7 a.m. to 7 p.m. CT.

Features

Mobile app: Allows members to access location search, studio class registration, location check-in and activity history.

Real-time data: Provided to the mobile app and Well onTarget portals.

Well onTarget

A New Way to Experience Wellness

Complementary and alternative medicine discounts on a variety of products and services through Choices by WholeHealth Living: Save money through a nationwide network of 40,000 health and wellbeing providers, such as acupuncturists, massage therapists and personal trainers. You can access this program when you join the Well onTarget Fitness Program.

Blue Points: Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits.

Web resources: You can go online to find fitness locations and track your visits.

Digital fitness

Enjoy Prime Live workouts designed for all skill levels. With 24/7 access to On-Demand videos, and new Live classes added each week, you have the flexibility to choose when and where to work out.¹

Burnalong: Feel the burn with Burnalong. Access thousands of workouts and live classes including cardio, bootcamps, barre, nutrition, yoga, and even stress management and insomnia support.

1. Fitness Program members must have internet service to access Burnalong services. Internet service charges are the responsibility of the Fitness Program member.

The Fitness Program is provided by Tivity Health™ Services, LLC, an independent contractor which administers the Prime® Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers. Prime is a registered trademark of Tivity Health, Inc. Tivity Health is a trademark of Tivity Health, Inc. Burnalong is a registered trademark of Burnalong, Inc. ©2023 Burnalong, Inc. All Rights Reserved.

The WholeHealth Living Choices program is administered by Tivity Health Services, LLC. This is NOT insurance. Some of the services offered through this program may be covered by a health plan. The relationship between these vendors and Blue Cross and Blue Shield of Illinois is that of independent contractors.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. The Well onTarget member rewards redemption service is provided by an independent third party.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.



Important Information

Health care coverage is important for everyone.	
We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.	
To receive language or communication assistance free of charge, please call us at 855-710-6984.	
If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.	
Office of Civil Rights Coordinator 300 E. Randolph St. 35th Floor Chicago, Illinois 60601	Phone: 855-664-7270 (voicemail) TTY/TDD: 855-661-6965 Fax: 855-661-6960
You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:	
U.S. Dept. of Health & Human Services 200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201	Phone: 800-368-1019 TTY/TDD: 800-537-7697 Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

Tener cobertura médica es importante para todos.	
Ofrecemos comunicación y servicios gratuitos para cualquier persona con impedimentos o que requiera asistencia lingüística. No discriminamos por motivos de raza, color, país de origen, sexo, identidad de género, edad, orientación sexual, estado de salud o discapacidad.	
Para recibir asistencia lingüística o comunicativa de manera gratuita, llámenos al 855-710-6984.	
Si cree que no hemos proporcionado un servicio, o si cree que ha sido discriminado de cualquier otra manera, comuníquese con nosotros para presentar una inconformidad.	
Office of Civil Rights Coordinator 300 E. Randolph St. 35th Floor Chicago, Illinois 60601	Teléfono: 855-664-7270 (correo de voz) TTY/TDD: 855-661-6965 Fax: 855-661-6960
Tiene el derecho de presentar una queja por derechos civiles en la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. (U.S. Department of Health and Human Services, Office for Civil Rights) por estos medios:	
U.S. Dept. of Health & Human Services 200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201	Teléfono: 800-368-1019 TTY/TDD: 800-537-7697 Portal de quejas: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Formulario de quejas: http://www.hhs.gov/ocr/office/file/index.html

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Important Information

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ní, éí doodago ła'da biká anánílwo'ígíí, na'ídiłkidgo, ts'ídá bee ná ahóótí'i' t'áá níí'k'e níká a'doolwoł dóó bina'ídiłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.



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This document is for comparison purposes only and is a brief summary of benefits. For full benefit information, please refer to your contract or certificate (Health Care Benefit Program booklet).