State of Illinois
Local Government Health Plan
Teachers’ Retirement Insurance Program
College Insurance Program

HMO Illinois®
Blue Advantage HMO℠
HMOs of Blue Cross and Blue Shield of Illinois

Enrollment Guide
Effective July 1, 2018, to June 30, 2019

2018
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Across the country, generations of Americans have put their trust in a Blue Cross and Blue Shield plan for coverage locally and when they travel.

**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 80 years, BCBSIL has provided health care benefits and services to the members and communities we serve. Through these benefit plans, BCBSIL provides members with programs and support to help them develop customized preventive health action plans, make smarter health care choices and 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 provides convenient online tools and resources to help you plan and manage your health care. BCBSIL health insurance plans include flexible options with a combination of benefits, choice of providers and 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.

You are invited to explore what BCBSIL has to offer — coverage options and tools and resources to help you on your journey to wellness.
More Illinois residents get their health care benefits from BCBSIL than from any other health insurer in the state.

The HMOs of BCBSIL — A Powerful Choice

More than 30 years of experience in providing managed care benefits tells only part of the BCBSIL story. More than 700,000 people currently rely on BCBSIL to provide their HMO health care benefits — more than any other HMO in the state. As an HMO member, you choose a contracting medical group/individual practice association* and primary care physician (PCP) from the HMO network. Then, you and your PCP work together to make medical decisions regarding your health.**

Your HMO plan — Blue Advantage HMO or HMO Illinois — provides the health care benefits you want, including preventive care, emergency treatment and care when you’re away from home. Plus, you have access to preventive health resources.

You have a predictable copayment, and as long as your PCP provides or coordinates your care, you generally won’t have to complete any claim forms or other paperwork. Take charge of your health with an HMO plan. You also have the resources you need to help you better understand and manage your health — from preventive health services visits to online tools.

HMO members can choose a different medical group and primary care physician for each family member.

*Referred to as medical groups or group throughout this guide.

**Contracting medical groups/individual practice associations (IPAs) are independent contractors and are not employees or agents of Blue Cross and Blue Shield of Illinois (BCBSIL). 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 BCBSIL HMO is your health care benefits plan, not your health care provider.
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.

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 PCP. 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 also have the option of choosing a woman’s principal health care provider (WPHCP) 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 less 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.

If you have an HMO question, visit [bcbsil.com/stateofillinois](http://bcbsil.com/stateofillinois) or call Customer Service at 800-868-9520.
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 abuse 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 quick search now 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 (BAMSM) at bcbsil.com/stateofillinois. See your benefit booklet or call Customer Service for more information.

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 BCBSIL HMO service area for at least 90 consecutive days, you can apply to become a guest member of a participating Blue Cross and Blue Shield HMO plan. 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 a Blue Cross and Blue Shield HMO in another state, call the toll-free number on the back of your ID card before leaving home.
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 the back of your ID card.

Emergency Care

If you need to go to the emergency room (ER) of any hospital, your care will be covered. When a medical emergency occurs, we recommend you first try to call your PCP. Someone from your medical group is available 24 hours a day, seven days a week. Your PCP or another doctor in your medical group may be able to treat you in the office. If you are unable to call your PCP, go directly to the nearest hospital ER and notify your PCP as soon as possible.

If you are admitted, someone must contact your PCP immediately upon admission. Your ER copayment will be waived, but you will have to pay your inpatient hospital copayment, if applicable. Emergency care benefits are limited to the initial emergency treatment. To receive additional benefits, your PCP must provide or coordinate follow-up care.

Illinois Dependent Eligibility Mandate

Under federal and Illinois laws, you are allowed to keep your children on your coverage into young adulthood. Specifically, your children are eligible for coverage until they reach age 26 regardless of their residency, employment, student, marital or financial status or, in some cases, other available coverage.

Dependents who have previously served as an active or reserve member of the military are eligible to continue their coverage until age 30 if they are unmarried and live within the BCBSIL plan service area, as described in your benefit booklet. Please check with your employer for additional details regarding eligibility requirements.

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 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.

Substance Use Disorder Treatment

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

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).
Customer Service

When you join an HMO, you get more than just a health care benefit plan. BCBSIL helps you understand your benefits. If you have a question, visit bcbsil.com/stateofillinois or call Customer Service at 800-868-9520. Most questions or issues are resolved with one phone call.

You’ll also receive a welcome call, easy-to-use booklets and an ID card for each covered family member. If you speak Spanish or another language that is not English, just call Customer Service. We provide interpreters.

Online Features

Visit bcbsil.com/stateofillinois to learn more about your HMO benefits and select a network doctor or hospital by clicking Find a Doctor. You’ll also want to use Blue Access for Members, the secure member website (see pages 10-11).

Well onTarget®, a Blue Care Connection® program, is a dynamic wellness program from BCBSIL. The Well onTarget member portal provides you with tools to help you set and reach your wellness goals. It is user-friendly, so you can find everything you need quickly and easily. When you log in to your portal, you will find a wide variety of health and wellness resources, including:

- The Health Assessment (HA)
- Self-directed courses
- Health trackers

The HA asks you questions about your health and habits. You then get a Personal Wellness Report. This report suggests ways to make positive lifestyle changes. Your report can also help you decide which Well onTarget program to start first to get the most benefit. You can even print a Provider Report to share with your doctor.

Self-directed courses allow you to study on your own time. Taking these courses can help you get to the next level of wellness. Course topics include nutrition, weight management, physical activity, stress management and tobacco cessation. You can enroll in up to three courses at a time.

Health trackers help you to track your healthy activities. Knowing what you eat and how much you work out can help you reach your goals. To make tracking easy, the portal has an interactive food and exercise diary. It also allows you to record how much sleep you get, your stress levels, your blood pressure readings, your cholesterol levels and more.

The Well onTarget Fitness Program* provides unlimited access to more than 10,000 participating fitness facilities. Pay just $25 to join and $25 each month. Enrollment is easy through BAM or by calling 888-762-BLUE (2583).

Small rewards might also help motivate you to make positive changes to meet your wellness goals. With Well onTarget, you can earn Blue PointsSM** for making healthy choices. If you enroll in the Fitness Program or take your HA, you earn points. You can also earn points when you achieve milestones in the self-directed courses. Redeem your Blue Points in the online shopping mall, which offers a wide variety of merchandise.

Online services let you access information and resources at your convenience.

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* The Fitness Program is provided by Tivity HealthTM, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

** 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. 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.
Your HMO benefits also include prescription drug coverage. The outpatient prescription drug program is based on a tiered drug list structure that covers drugs for every major drug class. It is regularly reviewed and revised and is subject to change 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 BCBSIL Performance 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 and click Coverage and Benefits.

Save money by choosing generic drugs instead of brand drugs.
What is a prescription drug list?
Your prescription drug list is based on the Performance Drug List. The Performance Drug List is a regularly updated list of drugs selected based on the recommendations of a committee. The committee is composed of people from throughout the country who hold a medical or pharmacy degree. U.S. Food and Drug Administration (FDA)-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 reference 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 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 and click Coverage and Benefits. Or call the pharmacy program number on the back of your ID card.

Your prescription drug benefit plan and whether the drug is on the drug list will determine the amount you may pay out of pocket. To find out what you will pay, visit bcbsil.com/stateofillinois and log in to Blue Access for Members or call the pharmacy program number on the back of your ID card.

What are dispensing limits?
Based on FDA-approved dosage 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) is limited to 30 tablets per 30 days because the FDA-approved labeling states that the recommended dose is one 5 mg oral tablet taken daily.

What if I have questions?
Call the pharmacy program number on the back of your ID card 24 hours a day, seven days a week, or visit bcbsil.com/stateofillinois.
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.
Find What You Need with Blue Access for Members

1 **My Coverage**: Review benefit details for you and family members covered under your plan.
2 **Claims Center**: View and organize details such as payments, dates of service, provider names, claims status and more.
3 **My Health**: Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
4 **Doctors & Hospitals**: Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
5 **Forms & Documents**: Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
6 **Message Center**: Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
7 **Quick Links**: Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
8 **Settings**: Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at any time.
9 **Help**: Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
10 **Contact Us**: Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.
What do you take personally in life? Your family? Your work? A hobby? Add your health to the list by taking the Well onTarget Health Assessment.

Just a few minutes and some personal details — how you eat, how you sleep, how you live your life — can give you a personalized map to your best health. You can find out your risks and your best options to avoid them. Your customized Personal Wellness Report can tell you how to go from good to better.

The Health Assessment consists of nine modules, which you can complete all at once or over time, as your schedule permits. These modules include questions about your:

- Diet
- Physical activity
- Tobacco use
- Emotional health
- Health at work and on the road

While it’s not necessary, it would be helpful to have a few personal details on hand when you begin the HA, including your:

- Current height and weight
- Systolic blood pressure (top number) and diastolic blood pressure (bottom number)
- Total cholesterol level
- HDL cholesterol level
- Triglyceride level
- Blood sugar level
- Waist measurement in inches

**YOUR INFO: Let’s get started**

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<td><strong>3. What is your height without shoes?</strong></td>
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<tr>
<td>Feet</td>
<td>6</td>
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<tr>
<td><strong>4. What is your weight?</strong></td>
<td></td>
</tr>
<tr>
<td>Pounds</td>
<td>180</td>
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**SAVE AND CONTINUE**
Take Your Health Assessment Today
Follow these simple steps to get started:

1. Visit wellontarget.com and log in. If you have an existing Blue Access for Members account, use your BAM username and password.
   If you aren’t a registered user yet, click Register Now to create an account.

2. If you have not taken your HA, there will be a pop-up notification after you log in. You can also take your HA by clicking on Start in the Health Assessment box at the top of your dashboard. Once you have completed the HA, your reports will be available in this section.

How will the Health Assessment be personalized?
You will begin by answering a few basic questions. Then, the HA will ask you more detailed questions based on your answers to the first set of questions. Your health status and lifestyle will determine which questions you will be asked.

Your answers will help tailor the Well onTarget Member Wellness Portal with programs that could help you reach your health goals.

What should I do with my results?
After completing the HA, you will receive a confidential Personal Wellness Report. This can help take the guesswork out of wellness. The report will show you how you are doing and give you healthy tips. You can even print out a Provider Report to share with your doctor.

When you know your risks, you can choose your best options to avoid them. When you know your strengths, you can decide to build on them.

Have questions about the HA or the Well onTarget program? Call 877-806-9380.

Take Your Health Assessment on the Go
Check out the Well onTarget mobile app, available for iPhone® and Android™ smartphones. You can complete your HA and work on your health and wellness goals — anytime and anywhere.
Blue365 is just one more advantage you have by being a BCBSIL member. With this 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 pre-authorizations.

Sign up for Blue365 at blue365deals.com/BCBSIL. Then, 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 Vision**
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® | Beltone™**
You may get possible savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

**Dental Solutions℠**
You may get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50 percent at more than 61,000 dentists and more than 185,000 locations.*

**Jenny Craig® | Seattle Sutton’s® | Nutrisystem®**
You may reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

**Retrofit℠**
Receive 15 percent off Retrofit’s online, private weight loss coaching sessions. Retrofit includes the use of a wireless Fitbit® device and smart scale, one-on-one videoconferencing with a personal team of experts and unlimited online support. You will enjoy flexibility in scheduling and the ability to meet with coaches anywhere there is an Internet connection.

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

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

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 the back of 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. 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.

See all the Blue365 deals and learn more at blue365deals.com/BCBSIL.
Reebok | SKECHERS<sup>®</sup>

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select performance, sport, work and corporate casual styles. You will enjoy discounts and free shipping opportunities.

**Holly Clegg trim&TERRIFIC<sup>™</sup> Cookbooks**

Save 25 percent on Holly Clegg’s best-selling trim&TERRIFIC cookbooks with popular, easy, 30-minute delicious recipes made healthier – perfect for the busy person. All books include nutritional information and diabetic exchanges. They also highlight freezer-friendly and vegetarian recipes.

**Snap Fitness<sup>™</sup>**

Join Snap Fitness for a 50 percent discount off the best current enrollment offer (no processing fees) and a 5 percent discount on monthly dues. You may also get 10 percent off up to five personal-training sessions, complimentary access to Snap Fitness online workout tools, one month of online nutrition and meal-planning services and biannual fitness assessments. A 30-day trial membership is also available for $8.95.
Can I continue to see my current doctor when I join?
Your doctor may already be in the HMO network. If, however, your doctor is not in the network and you are undergoing a course of evaluation and/or medical treatment or are in the second or third trimester of pregnancy when you join the plan, you may request transition of care benefits.

Benefits for transitional services may be authorized for up to 90 days from the physician’s network termination date or your original effective date (for new members). After this period, all care must be transitioned to a new PCP/medical group in the HMO network. Still have questions? Call Customer Service at 800-868-9520.

How do I change my PCP or medical group?
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 Blue Access for Members online service at bcbsil.com/stateofillinois.

What happens if I get sick when I am out of town?
If you have a medical emergency while outside your HMO service area, go to the nearest hospital emergency room. You are covered for the medical care you receive. However, in a non-emergency, call toll-free 800-810-BLUE (2583) to find a contracting provider near where you are staying.

Are my medical records kept confidential?
Yes. BCBSIL is committed to keeping all specific member information confidential. Anyone who may need to review your records, such as health care practitioners, your medical group or BCBSIL staff, is required to keep your information confidential.

BCBSIL may need to review your medical record(s) or claims data (for example, as part of an appeal that you request, a clinical quality improvement study or an audit of your medical group’s performance). If so, precautions are taken to keep your information confidential. In many cases, your identity will not be associated with this information.

BCBSIL understands the importance of confidentiality and respects your right to privacy. A summary of privacy practices is available at bcbsil.com/stateofillinois, or you may call Customer Service at 800-868-9520 to request a copy.
We Have Information to Help You
You can learn more about your health, and your health plan, with these guidelines from BCBSIL:

BCBSIL respects and honors your rights. In return, we ask that you know your responsibilities as well.

To learn more about your rights and responsibilities, go to bcbsil.com/stateofillinois, log in to Blue Access for Members, click My Coverage and select Members Rights and Responsibilities on the left hand side. HMO members may also find a summary of their rights and responsibilities in their member handbook. You can call Customer Service at 800-868-9520 to request a copy.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires BCBSIL to maintain the privacy of your protected health information (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. For a copy of the HIPAA notice, and information about our privacy statement, go to bcbsil.com/stateofillinois and click Important Information at the bottom of the page. You can also call Customer Service at 800-868-9520 to request a copy.

Membership

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<tr>
<th>Your Rights</th>
<th>Your Responsibilities</th>
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<tbody>
<tr>
<td><strong>You have the right to:</strong></td>
<td><strong>You have the responsibility to:</strong></td>
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<tr>
<td>Receive information about BCBSIL benefit programs and covered services, as well as which network providers are available for you to receive the maximum level of benefits.</td>
<td>Read all BCBSIL benefit materials, become familiar with your plan and ask questions when necessary.</td>
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<tr>
<td>Select a medical group and a PCP from the appropriate HMO network. You also have the right to change your PCP and/or medical group at any time.</td>
<td>Develop a relationship with your health care providers based on trust and cooperation.</td>
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<tr>
<td>Receive a BCBSIL ID card.</td>
<td>Carry your member ID card in the event you need to receive health care services.</td>
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<tr>
<td>Obtain a copy of your rights and responsibilities as a member and make recommendations regarding its content.</td>
<td>Follow the member guidelines for your health care benefit plan.</td>
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<td>Choose an OB/GYN as your WPHCP or additional OB/GYN PCP as outlined in your health plan guidelines.</td>
<td>Notify BCBSIL or your medical group if you wish to change your WPHCP and/or OB/GYN PCP.</td>
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## Access to Care

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<th>Your Rights</th>
<th>Your Responsibilities</th>
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<tr>
<td><strong>You have the right to:</strong></td>
<td><strong>You have the responsibility to:</strong></td>
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<td>Have your PCP provide or authorize the covered services of your benefit</td>
<td>Obtain services from or through your PCP or within your medical group.</td>
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<td>plan that are medically necessary, as defined in your plan, for your health</td>
<td>Notify your PCP of any care or treatment received outside your medical group, without</td>
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<td>care.</td>
<td>your PCP’s authorization or outside of the HMO network.</td>
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<td>Be familiar with the requirements of your plan and know your financial obligations if</td>
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<td>care or treatment occurs without PCP authorization or outside the HMO network.</td>
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<td>Reasonable access to appropriate medical services based on your level of</td>
<td>Keep scheduled appointments or give adequate notice of delay or cancellation.</td>
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<td>need. You also have the right to speak promptly with a physician or other</td>
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<td>provider when illness occurs.</td>
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<td>Care from a specialist when medically necessary, as defined in your plan.</td>
<td>Discuss your questions and concerns about specialty care with your PCP and other health</td>
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<td>When this care is authorized by your PCP, you will receive the maximum</td>
<td>care providers.</td>
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<td>level of benefits available.</td>
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<td>If your PCP determines specialist services are not required, you have the</td>
<td>Contact your PCP, medical group or other health care provider as soon as possible after</td>
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<td>right to be informed of the reason and an alternative plan, as well as the</td>
<td>treatment for an emergency to coordinate follow-up care with your PCP or other health</td>
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<td>right to appeal if you do not agree.</td>
<td>care provider.</td>
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<tr>
<td>Emergency care in any hospital emergency room 24 hours a day.</td>
<td>Contact your PCP or medical group for a referral.</td>
</tr>
<tr>
<td>Mental health and substance abuse treatment.</td>
<td></td>
</tr>
</tbody>
</table>

Your Rights and Responsibilities
**Communication**

<table>
<thead>
<tr>
<th>Your Rights</th>
<th>Your Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You have the right to:</strong></td>
<td><strong>You have the responsibility to:</strong></td>
</tr>
<tr>
<td>Communicate openly and fully with network providers, knowing that all information will be treated confidentially.</td>
<td>Be honest with your health care providers and communicate any information that may affect diagnostic and treatment decisions.</td>
</tr>
<tr>
<td>Receive considerate and courteous care, with respect for personal privacy and dignity.</td>
<td>Treat all network provider personnel and BCBSIL personnel respectfully and courteously.</td>
</tr>
<tr>
<td>Confidentiality of your health records, except when disclosure is required by law or authorized by you in writing, and to review your medical records with your PCP or other health care provider, given adequate notice.</td>
<td>Help your health care provider maintain accurate and current medical records.</td>
</tr>
<tr>
<td>Receive information and have a full discussion about all appropriate or medically necessary treatment options for your condition in order to make an informed decision regardless of cost or benefit coverage.</td>
<td>Ask questions and make certain that you understand all options, financial obligations and plan requirements related to the agreed-upon treatment. These requirements may include pre-authorization from your medical group/individual practice association and they will notify BCBSIL.</td>
</tr>
<tr>
<td>Be completely informed of your diagnosis, treatment and outlook and to participate in decisions involving your medical care.</td>
<td>Follow the agreed-upon treatment plans and instructions for care and consider the potential consequences of not following them.</td>
</tr>
<tr>
<td>Prepare an advance directive (such as a durable power of attorney for health care) concerning treatment, with the expectation that your PCP or other health care provider will honor the intent of the directive to the extent permitted by law.</td>
<td>Notify your PCP or other health care providers as well as family members of any advance directive.</td>
</tr>
<tr>
<td>Express a complaint about clinical or administrative issues related to your health plan, appeal plan decisions and receive a timely response.</td>
<td>Express your opinions, concerns and complaints in a constructive manner to your PCP, medical group, other health care providers or BCBSIL.</td>
</tr>
</tbody>
</table>
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 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
Email: CivilRightsCoordinator@hcsc.net

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
<table>
<thead>
<tr>
<th>العربية</th>
<th>إن كان لديك أو لدى شخص تساعدك، فنتهك الحق في الحصول على المساعدة والمعلومات الضرورية بغض النظر عن دوافعك. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.</th>
</tr>
</thead>
<tbody>
<tr>
<td>繁體中文</td>
<td>您或者您正在協助的對象 對此有疑問, 您有權利免費以您的母語獲得以幫助和訊息。洽詢一位翻譯員, 請撥電話 號碼 855-710-6984。</td>
</tr>
<tr>
<td>Français</td>
<td>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.</td>
</tr>
<tr>
<td>Deutsch</td>
<td>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.</td>
</tr>
<tr>
<td>Ελληνικά</td>
<td>Εάν έχετε ή κάποιος που βοηθάει έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε ένα ακάτομο, κάλεστε 855-710-6984.</td>
</tr>
<tr>
<td>ગુજરાતી</td>
<td>જે તમે અથવા કોઇ માંગ કરે રહે હોય તો તમે અથવા કોઇ માંગ કરે હોય, તે તમે બેઠતા થાય કે એ આભારિત અને મહત્તા માંગ કરે હોય. તમે તે સર્વ તસકલ ભારત વચ્ચે કરવા માટે એ નંબર 855-710-6984 પર કોલ કરી શકો છો.</td>
</tr>
<tr>
<td>हिंदी</td>
<td>यदि आपके, या आपके सहयोगी की सहायता कर रहे हैं उसके लिए आपके, तो आपका अपनी भाषा में निश्चित सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करे ।</td>
</tr>
<tr>
<td>Italiano</td>
<td>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.</td>
</tr>
<tr>
<td>한국어</td>
<td>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.</td>
</tr>
<tr>
<td>Diné</td>
<td>T’aá ni, éi doodago t’áda bikini anánílwo’i’gii, na’idíldkidgo, ts’iédá béc na’ahóóti’i t’áá ník’e niká a’doolwoł dód bina’idíldkidgígí bi ne’i h oodoinih. Ata’dahalne’i’gii bich’i’ hodilníh kwe’è 855-710-6984.</td>
</tr>
<tr>
<td>Polski</td>
<td>Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy w własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.</td>
</tr>
<tr>
<td>Русский</td>
<td>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.</td>
</tr>
<tr>
<td>Español</td>
<td>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.</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kbang makakuhang tulong at impormasyon sa iyong wikang walang bayad. Uppang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.</td>
</tr>
<tr>
<td>اردو</td>
<td>اگر آپ کو، یا کسی اپنے گھر میں کسی اپنے دوست کو دوربو یا بنو، آپ کو اپنے زیادہ مفت اور معلومات مطابق ہے مترجم سے بات کہی جاتی ہے 855-710-6984 پر کال کریں۔</td>
</tr>
</tbody>
</table>
| Tiếng Việt | 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.
bcbsil.com/stateofillinois

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).

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