Walgreens
Consumer Driven Health Plan
Walgreens Consumer Driven Health Plan (CDHP) is a new kind of health plan that lets you decide how, when and where your health care dollars are spent. It combines a Participating Provider Option (PPO) with an employer-funded Health Reimbursement Account (HRA) that pays for covered health care expenses. The health benefit plan has four important components:

- **Preventive care and wellness visits** for adults and children are covered when you use in-network providers. You don’t need to meet the deductible to enjoy these benefits.
- **Health plan benefits** begin after you meet the deductible. You have the freedom to choose any doctor whenever you need care. However, if you visit out-of-network providers, your benefits will be reduced.
- **Health Reimbursement Account** (HRA) funds from your employer are used to pay for your first covered health care expenses. Money spent from the HRA counts toward your annual deductible.
- **Online decision tools** help increase your awareness and knowledge of health issues and help you keep track of your health care expenses.

Please be reminded that Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs), including products under our CDHP product portfolio 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 legal or tax 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 plans or products.
Walgreens CDHP gives you freedom of choice, flexibility and a broad range of benefits. When you receive care from contracting network providers, your benefits are paid at the highest level. You do not have to complete claim forms. Since contracting providers agree to the allowable amount as full payment, you are not responsible for any charges above the Blue Cross and Blue Shield of Illinois (BCBSIL) negotiated allowable amount when you receive care in the network. And you do not need a referral to see the doctor of your choice.

**Provider Network**

Use the Provider Finder® at [www.bcbsil.com/walgreens](http://www.bcbsil.com/walgreens) to see if your doctor is in the network or to search for another network physician. Or call BlueCard® Access toll free at (800) 810-BLUE (2583) for provider information. Once you become a member, you can also call the toll-free customer service number on the back of your BCBSIL ID card for assistance in finding a network doctor or hospital. Your member ID card includes your network information.

Once your health plan coverage begins, your out-of-pocket expenses include any plan-specific coinsurance. Except for preventive care, you always have the option to receive care from providers outside the network, but your benefits will be paid at a lower level and you may be responsible for charges in excess of the allowable amount.

**Health Reimbursement Account**

Your employer sets aside a specific amount of money for you each year in a Health Reimbursement Account – $300 for an individual or $600 for a family. Plus, you can earn an additional $100-$200 if you and your covered spouse complete a Health Risk Assessment. The first dollars you spend on covered medical expenses come from this account. Money spent from the Health Reimbursement Account also applies toward your annual deductible. Unused HRA funds roll over year to year as long as you remain in the plan.

When contracting providers submit claims to Blue Cross and Blue Shield, eligible services are automatically paid from your Health Reimbursement Account at our discounted rate – with no paperwork for you. You will receive an Explanation of Benefits (EOB) form that shows what benefits are payable under your plan, including the amount paid from the Health Reimbursement Account and the remaining balance. You can also keep track of your HRA and deductible balance online through Blue Access® for Members at [www.bcbsil.com/walgreens](http://www.bcbsil.com/walgreens).

**Deductible**

You have a deductible to meet each benefit year, which is based on your particular benefit plan. The deductible must be satisfied before your health plan benefits begin. Eligible expenses, which are determined by your employer, are applied toward your deductible. If you spend all the money in your HRA, you need to satisfy the remaining deductible before your coverage begins.
Health Plan Benefits
Once you meet your deductible, your health plan benefits begin. This plan has a higher deductible paired with a lower monthly premium contribution – a combination that may be more economical for you.

Emergency Care
If you (as a prudent layperson with an average knowledge of health and medicine) believe that you have a medical emergency, call 911 or go to the nearest emergency room. Your care will be covered (subject to your plan’s deductible and any applicable coinsurance). If the emergency results in your being admitted to a hospital, you may be required to call the toll-free number on the back of your member ID card.

National and International Coverage
As a BCBSIL member, you have nationwide access to contracting providers in networks linked through the BlueCard® Program when you or your covered family members live, work or travel anywhere in the country. You can locate network doctors and hospitals at www.bcbsil.com/walgreens or by calling (800) 810-BLUE (2583).

When you use contracting providers, you receive the highest level of benefits. You don’t have to file claim forms and you take advantage of the savings the local plan has negotiated with area providers.

When you travel outside the United States, you have access to providers that participate in the BlueCard Worldwide® program in more than 200 countries. To locate a provider, call (800) 810-BLUE (2583) or call collect at (804) 673-1177. If you receive care from a non-contracting provider, you will have to pay the doctor or hospital for care at the time of service and then submit a claim for reimbursement.

Medical Care
Your plan may include coverage for*:  
- well child care  
- adult wellness  
- physician office visits  
- inpatient hospital services  
- outpatient surgery and diagnostic tests  
- outpatient hospital services  
- maternity care  
- mental health and chemical dependency  
- rehabilitative therapy (such as physical, speech and occupational therapy)

*Ask your employer for specific details about your benefits, as levels of coverage may vary.

Unspent HRA funds roll over and are added to your employer’s annual contribution.
Online Tools Help You Manage Your Health and Your Health Care

To help determine if Walgreens CDHP is the right health care benefit plan for you, use the Health Plan Cost Estimator and Which Plan Is Right For Me? tools on the member page at www.bcbsil.com/walgreens. These health plan decision tools will help answer questions about your health and health care expenses to see how BlueEdge fits your budget and your lifestyle.

After you’ve enrolled, you can use Blue Access for Members, our secure online service, to review the status and activity of your Health Reimbursement Account, check the status of a claim, view your explanation of medical benefits and confirm who is covered under your plan.

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.

Other tools for members:

- **Hospital Comparison Tool** — access 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.

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 was 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, including lymphedemas.

Your coverage may also include benefits for an annual mammogram. Check your group plan documents for details.
**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.

**Utilization and Case Management**

These programs can help you understand your benefits and identify health care resources. Your plan may require you or your physician 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.

**Blue Care® Advisor**

Registered nurses can assist you with questions about chronic conditions. They can help you navigate the health care system and provide information about your condition.

**24/7 Nurseline**

Call the 24/7 the 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.

Go to Blue Access for Members at www.bcbsil.com/walgreens to find these resources under the My Health tab. Click on the Personal Health Manager icon for:

- **Ask A Nurse:** health issues
- **Ask A Trainer:** exercise advice
- **Ask A Dietitian:** nutrition questions
- **Ask A Life Coach:** manage stress, workplace conflicts and more
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:

- Complete a Health Risk Assessment to identify your possible health risks. An addition of $100-$200 can be added to your HRA if you and your covered spouse complete the Health Risk Assessment.
- 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.
- 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, use the “Ask A” features 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.*

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, receive coaching 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, coaching 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.

*Review the Blue Points Program Rules on the Personal Health Manager for complete information on the program. Program Rules are subject to change without prior 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 Aid Discount Program
Save on digital hearing aids and have your hearing tested for no additional charge 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.

Weight Management Discount Programs
Jenny Craig
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) 597-Jenny (800-597-5366) or visit the Jenny Craig Web site at www.jennycraig.com.

Curves
Curves offers a 30-minute workout that combines strength training and sustained cardiovascular activity through resistance equipment.* Curves has made exercise available to more than four million women, many of whom are in the gym for the first time. For more information about Curves and to find the locations nearest you, visit the Curves Web site at www.curves.com or call (800) CURVES-30/(800-287-8373).

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 plan 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/walgreens for more details about your BlueExtras discounts.

* The relationships between Blue Cross and Blue Shield of Illinois and Jenny Craig and Curves are that of independent contractors.
John has individual coverage. His plan includes a $300 Health Reimbursement Account funded by his employer, which covers the first dollars spent on his health care. Many of John’s preventive care services will be covered at 100 percent – with nothing deducted from the HRA – when he receives care in network.

### Year One

John’s Health Reimbursement Account from his employer = $300  
John’s annual deductible = $900

John had a physical and preventive care lab tests.  
- $200 was paid by the preventive care benefit (nothing deducted from the HRA).

He saw an asthma specialist and received several tests.  
- Charges of $175 were paid from the Health Reimbursement Account and applied toward the annual deductible.

John had appendectomy surgery.  
- Total charges were $6,000. The $125 remaining in the Health Reimbursement Account was applied to the charges and also toward the deductible. John paid $600, which satisfied the annual deductible leaving a balance of $5,275. John’s health care plan paid 80 percent ($4,220) of the charges and he was responsible for the 20 percent coinsurance amount ($1,055).

At year-end there is a zero balance in the Health Reimbursement Account so nothing rolls over.

### Year Two

John’s employer funds his HRA with $300  
The annual deductible is $900

John had his annual physical and several lab tests.  
- $200 was paid by the preventive care benefit (not from the HRA).

He saw his asthma specialist.  
- Charges of $250 were paid by the Health Reimbursement Account and applied to the deductible.

John had no other medical expenses during the year.  
At year-end, the $50 balance in the Health Reimbursement Account rolls over and is added to his employer’s $300 contribution. John begins year three with $350 in his Health Reimbursement Account.
Jennifer and Bill have family coverage through Bill’s employer. Their son, Daniel, is born during the first year of coverage. The employer funds Bill’s Health Reimbursement Account with $600 at the beginning of the year. Any covered family member can use these funds for eligible health care services. Well child care and certain adult care services are covered in full when care is received by network providers.

### Year One

**Bill’s Health Reimbursement Account from his employer = $600**  
**Bill’s annual family deductible = $1,800**  
(limit per individual = $900)

Jennifer and Bill had physicals and preventive care lab tests.
- $790 was paid by the preventive care benefit. (nothing was deducted from the Health Reimbursement Account).

Jennifer had several prenatal office visits.
- $320 was paid from the Health Reimbursement Account and applied to the deductible.

She gave birth during the summer.
- Maternity charges totaled $9,600. The remaining $280 was deducted from the Health Reimbursement Account and applied to the deductible. Jennifer paid $300 and her deductible was met. From the remaining balance of $9,020, 80 percent ($7,216) was paid by the health care plan and 20 percent coinsurance ($1,804) was paid by Bill and Jennifer.

Bill visited a dermatologist.
- He paid the $200 charges, which were also applied to the deductible.

Daniel had a well baby check up and immunizations.
- $750 was paid by the preventive care benefit. He was also treated for an ear infection.
- Bill and Jennifer paid $280, which was applied to the deductible.

At the end of year one, there was a zero balance in the Health Reimbursement Account, so nothing rolls over.

### Year Two

**Bill’s employer again funds the family Health Reimbursement Account with $600**  
The annual deductible is $1,800

Bill and Jennifer had physicals and preventive care lab tests and Jennifer had a mammogram. Daniel received well baby care and immunizations.
- Total charges of $1,380 were covered by the preventive care benefit with nothing deducted from the HRA and no cost to the family.

Bill saw his dermatologist for a follow up visit.
- $210 for the office visit was deducted from the Health Reimbursement Account and applied to the deductible.

Daniel saw his pediatrician for a cold and ear infection.
- Charges of $200 were paid from the Health Reimbursement Account and applied to the deductible.

At the end of year two, the Health Reimbursement Account balance is $190. This amount rolls over and is added to Bill’s employer’s annual contribution. The family’s Health Reimbursement Account at the beginning of year three is $790.
FAQ  Frequently Asked Questions

How can I decide if Walgreens CDHP is right for me?
Most people compare covered benefits, network providers, the cost of coverage and other out-of-pocket expenses when choosing a health plan. Since this is a new type of health plan, we offer the Which Plan Is Right For Me? and Health Plan Cost Estimator tools on our Web site to help you decide. These tools include:

- A series of questions to help you decide if the plan meets your needs
- A budgeting feature to assist in the plan selection process

How is Walgreens CDHP different from a traditional health plan?
A traditional plan generally pays a percentage of the charges for covered medical expenses only after you satisfy a plan deductible or copayment. With this plan, your routine preventive care and wellness services are covered. Your employer sets aside a specific amount of money for you each year in a Health Reimbursement Account. Funds from this account are used to pay for your first covered health care expenses and are also applied toward your deductible. If you spend all the funds in the HRA, you pay the remaining deductible balance and then your health plan benefits begin. Unused funds roll over as long as you remain in the Walgreens CDHP plan.

Do I have to pay for preventive medical services from my Health Reimbursement Account?
Most preventive medical services (e.g., routine physical exams, age-based testing and vaccinations) are covered when you receive care from in-network providers. Check your group plan documents for specific coverage details.

What if I use all the Health Reimbursement Account funds?
Money spent from the Health Reimbursement Account is applied toward your annual deductible, but you will need to satisfy any remaining deductible balance before health plan benefits begin.

How does the Health Reimbursement Account rollover feature work?
If there is a remaining balance in your Health Reimbursement Account at the end of the benefit year, it automatically rolls over to the next year and is added to the annual contribution from your employer. The greater the balance in your HRA, the less you have to pay out of pocket.
What happens to the Health Reimbursement Account balance if I leave the plan?
If you choose another plan or leave the company without continuing your coverage (e.g., under COBRA), the balance in the HRA returns to your employer.

How does the family deductible work?
The family Health Reimbursement Account can be used to pay for covered services received by any family member covered under the plan. Any family member who satisfies an individual deductible will receive health plan benefits. When the family deductible is met, the entire family will be eligible for health plan benefits.

Are my medical records kept confidential?
Yes. Blue Cross and Blue Shield is committed to keeping all specific member information confidential, especially your medical records. Anyone who may need to review your records, such as health care practitioners, a medical group 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.

Walgreens CDHP may be the right plan if you:
• want to take a more active role in managing your health care
• prefer the freedom of choice that comes with a PPO plan
• like the idea of having a Health Reimbursement Account to pay for your first covered health care expenses and are willing to accept a higher deductible before health plan benefits begin
• value preventive care coverage
• are looking for tools to help manage your health and wellness, as well as your health care spending – and enjoy using the Internet

How to Enroll
For More Information
Enrolling is easy – just follow your employer’s instructions to enroll or fill out an application. For more information, including checking if your doctor is in the PPO network, visit our Web site at: www.bcbsil.com/walgreens.

Make sure you receive the highest level of benefits available by using in-network providers.
Use In-Network Providers

Make sure that your referrals are for in-network physicians.

1. Check Provider Finder® www.bcbsil.com/walgreens
2. Confirm with the doctor’s office when making an appointment.
3. Confirm with BCBSIL customer service a few days prior to your appointment that the provider is still in the network.

Don’t forget to check the in-network status of specialists* such as:

• anesthesiologists
• radiologists
• pathologists

Always verify that a hospital or other facility is in-network before receiving services.

Verify the doctor’s network status at the location where your appointment is scheduled. Physicians often have different contractual arrangements that vary from location to location.

*This is not a complete list of specialists. All specialists must be verified as in-network for you to receive the highest level of benefits.
**Notice of Enrollment Rights**
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, in the future you may be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

**Notice of Pre-existing Condition Exclusion**
Under HIPAA, a pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period ending on the enrollment date in a health plan.

Your plan may include a pre-existing condition exclusion. If so, the pre-existing condition exclusion waiting period will not exceed 12 months beginning on the enrollment date. (For a late enrollee, the maximum waiting period is 18 months from the date coverage begins.) A pre-existing condition exclusion is inapplicable to a pregnancy or to a newborn child, or adopted child under age 18, who becomes covered within 30 days of birth or adoption. A genetic condition without advice, care or treatment is not a pre-existing condition.

If your plan contains a pre-existing condition exclusion, the existence of a pre-existing condition will be determined using information obtained relating to an individual’s health status before his or her enrollment date.

The pre-existing condition waiting period is reduced by any creditable coverage (prior coverage under various plans including, but not limited to, group health plans, individual health policies, Medicare and Medicaid). You may obtain a certificate of creditable coverage from a prior plan sponsor or health insurance issuer. Should you disagree with the length of creditable coverage determined by your current plan, you have the right to appeal that determination and provide evidence of creditable coverage, provided that you have not had a break in coverage of 63 or more consecutive days.

You should read and consult your schedule of benefits to see if your health plan contains a pre-existing condition exclusion. For further information, contact your benefits administrator.