

Enrollment Guide

City of Edwardsville
PPO / BlueEdge HSA

01/01/2025



Get the Most from Your Health Plan

Welcome to Blue Cross and Blue Shield of Illinois (BCBSIL), a leader in health care benefits. We have been helping people like you get the most from their health care plans for many years.

Read this guide to learn about benefits your employer is offering. Think about how you and your family will use these benefits. Learn more about products, services and how to be a smart health care user at bcbsil.com.

Your ID Card

After you enroll, you will get a member ID card in the mail. Show this ID card when you see a doctor, visit the hospital or go to any other place for care. The back of the card has phone numbers you might need.

Blue Access for MembersSM

Go to bcbsil.com/member and sign up for the secure member website, Blue Access for Members. Find the "Log In" tab and click "Register Now." Use the information on your ID card to complete the process. On this site, you can check your claims, order more ID cards, get health information and much more.

Save Money – Stay In-Network

Using independently contracted network providers can help you save. Look at your ID card to find your network. Then go to bcbsil.com to look for doctors, hospitals and other places for care.

Call Customer Service for Help

Our team knows your health plan and can help you get the most from your benefits. Just call the toll-free number on the back of your ID card.

The PPO Plan



With the PPO plan, you can choose any doctor whenever you need care

The PPO plan offers a wide range of benefits and the flexibility to choose any doctor or hospital when you need care. The plan includes an annual deductible that you must satisfy before your benefits begin. Qualified medical expenses are applied toward your deductible.

PPO Network

Access to the large network of contracting providers is one of the many reasons to select the PPO plan. The network includes hospitals, physicians, therapists, behavioral health professionals and alternative care practitioners.

You and your covered dependents can receive care from any licensed doctor, hospital or other provider. However, when you use a contracting network provider, you will pay less out of pocket, you won't have to file any claims and you will receive the highest level of benefits. If you use a doctor outside the network, you'll still be covered, but your out-of-pocket costs may be significantly higher.

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 abuse
- hospital emergency medical and accident treatment

To find a contracting doctor or hospital, just go to bcsil.com and click on the Find a Doctor or Hospital tab to use the Provider Finder® tool, or call BlueCard® Access at **800-810-BLUE (800-810-2583)** for help. Once you become a member, you can also call the toll-free Customer Service number on the back of your member ID card.

Confused About Where to Go for Care?

SmartER CareSM options may save you money.

If you aren't having an emergency, deciding where to go for medical care may save you time and money.

You have choices for where you get non-emergency care — what we call SmartER Care. Use this chart to help you figure out when to use each type of care.

When you use in-network providers for your family's health care, you usually pay less for care. Search for in-network providers in your area at bcbsil.com or by calling the Customer Service number on your member ID card.



Doctor's Office

- Office hours vary
- Generally the best place to go for non-emergency care
- Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- Average wait time is 18 minutes¹

\$



Retail Health Clinic

- Based on retail store hours
- Usually lower out-of-pocket cost to you than urgent care
- Often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems

\$



Urgent Care Center

- Generally includes evenings, weekends and holidays
- Often used when your doctor's office is closed, and you don't consider it an emergency
- Average wait time is 16-24 minutes²
- Many have online and/or telephone check-in

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Hospital ER

- Open 24 hours, seven days a week
- Average wait time is 35-49 minutes (variable)³
- If you receive emergency room (ER) care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- Multiple bills for services such as doctors and facility

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Freestanding ER

- Open 24 hours, seven days a week
- Could be transferred to a hospital-based ER depending on medical situation
- Services do not include trauma care
- Often freestanding ERs are out-of-network. If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- All freestanding ERs charge a facility fee that urgent care centers do not. You may receive other bills for each doctor you see.⁴

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

¹ Vitals Annual Wait Time Report, 2017.

² Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.

³ National Center for Health Statistics, Centers for Disease Control and Prevention, 2019.

⁴ The Texas Association of Health Plans.

Note: The relative costs described here are for independently contracted network providers. Your costs for out-of-network providers may be significantly higher. Wait times described are just estimates.

The information provided in this guide 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 the back of your member ID card.

Deciding Where to Go?

Doctor's Office, Retail Clinic, Urgent Care or ER.

	Doctor's Office	Retail Health Clinic	Urgent Care Center	Hospital ER	Freestanding ER
					
Who usually provides care	Primary Care Doctor	Physician Assistant or Nurse Practitioner	Internal Medicine, Family Practice and Pediatric	ER Doctors, Internal Medicine, Specialists	ER Doctors
Sprains, strains	■	■	■	<ul style="list-style-type: none"> Any life-threatening or disabling conditions Sudden or unexplained loss of consciousness Major injuries Chest pain; numbness in the face, arm or leg; difficulty speaking Severe shortness of breath High fever with stiff neck, mental confusion or difficulty breathing Coughing up or vomiting blood Cut or wound that won't stop bleeding Possible broken bones 	<ul style="list-style-type: none"> Most major injuries except for trauma[†] May also provide imaging and lab services but do not offer trauma or cardiac services requiring catheterization[†] Do not always accept ambulances
Animal bites	■	■	■		
X-rays			■		
Stitches			■		
Mild asthma	■	■	■		
Minor headaches	■	■	■		
Back pain	■	■	■		
Nausea, vomiting, diarrhea	■	■	■		
Minor allergic reactions	■	■	■		
Coughs, sore throat	■	■	■		
Bumps, cuts, scrapes	■	■	■		
Rashes, minor burns	■	■	■		
Minor fevers, colds	■	■	■		
Ear or sinus pain	■	■	■		
Burning with urination	■	■	■		
Eye swelling, irritation, redness or pain	■	■	■		
Vaccinations	■	■	■		

Urgent Care Center or Freestanding ER – Knowing the Difference Can Save You Money

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs may be higher. A visit to a freestanding ER often results in significantly higher medical bills than the rate charged by urgent care centers for the same services.

Here are some ways to know if you are at a freestanding ER:

- Looks like urgent care centers, but have the word "Emergency" in their name or on the building.
- Is open 24 hours a day, seven days a week.
- Is not attached to and may not be affiliated with a hospital.
- Is subject to the same ER member share which may include a copay, coinsurance and applicable deductible.

Find urgent care centers¹ near you by texting² **URGENTIL** to **33633**.

¹"Freestanding ED 101: What you need to know" July 2016, The Advisory Board Company.

²The closest urgent care center may not be in your network. Be sure to check Provider Finder[®] to make sure the center you go to is in-network.

³Message and data rates may apply. Read terms, conditions and privacy policy at bcbstl.com/mobile/text-messaging.

BlueEdge HSASM and BlueEdge Select HSASM Plans



Why Choose BlueEdgeSM?

BlueEdge HSA is a consumer-directed health care plan (CDHP) that helps you meet your health and financial goals. It blends a qualified high-deductible health plan with a health savings account (HSA) where you decide to either pay for qualified health care costs with tax-free dollars or let the funds grow as savings.

Deposits to the account can be made by you, your employer or anyone else.

BlueEdge HSA helps you with:

Affordability – Use health savings account funds to help meet your deductible, or leave them untouched to grow as savings.

Tax savings – Health savings account funds that are used for qualified health care costs are tax-exempt.

Portability – Your health savings account belongs to you. Unused funds can roll over at the end of the year, or you can take the money with you if you change health plans or your job, or if you retire.

Control – You decide how, when and where your health care dollars are spent. The savvier a consumer you are, the more you stretch how far your health savings account will take you.

Freedom and choice – Choose any doctor when you need care, but choosing a network doctor means you get the highest level of benefits.

Network Information

Use Provider Finder® at **bcbsil.com** to see if your doctor is in the network or to search for another network provider. You may also call BlueCard® Access toll-free at **800-810-BLUE (800-810-2583)** for provider information. Once you become a member, you can call the toll-free Customer Service phone number on the back of your member ID card for help.

There's more to BlueEdge:

Preventive care and wellness visits – Adults and children are covered at 100 percent when you use network providers*. You don't need to meet the deductible to enjoy these benefits.

Online decision tools – Personalize how you use your health care and your health care spending. Log in to Blue Access for MembersSM, a safe, secure website at **bcbsil.com** to:

- Manage your benefits
- Search for a network provider
- Estimate the cost of a procedure or treatment
- Find health and wellness information and support
- Ask health care professionals for help with your concerns through 24/7 Nurseline

Health Savings Account Administration

Your health savings account is administered by a separate custodian — not Blue Cross and Blue Shield of Illinois. Your employer will give information about your account custodian.

Special Notice about HSAs

Under IRS regulations, anyone enrolling in this health plan should be aware that any adult can contribute to a health savings account (HSA) if he/she:

- Has coverage under an HSA-qualified high deductible health plan (HDHP)
- Has no other first-dollar medical coverage (other types of insurance such as specific injury insurance or accident, disability, dental care, vision care, or long term care insurance are permitted)
- Is not enrolled in Medicare
 - An individual can be Medicare-eligible and have an HSA. However, once enrolled in Medicare, contributions to the HSA must stop. The individual can keep funds in the account before enrolling in Medicare and use those funds to pay for qualified medical costs tax-free.
- Cannot be claimed as a dependent on someone else's tax return

There are other regulations about contributions and distributions. If you are enrolling in a plan that includes a health savings account, you should first seek professional tax counsel to determine if your individual situation permits use of an HSA. If you have a flexible spending account (FSA), or a health care account (HCA), check with your employer to confirm that you are eligible for an HSA. Both the FSA and HCA are considered a limited purpose account that can only be used for certain expenses.



How It Works

BlueEdge HSA Example

Ben and Aileen and their two children have BlueEdge Select HSA family coverage through Aileen's employer. The plan is paired with a health savings account that includes a debit card and checks from the HSA administrator*. At the beginning of the year, Ben and Aileen put \$3,000 into their health savings account (the contribution cannot exceed the maximum determined annually by the IRS).

Year One

- **Aileen's health savings account annual contribution = \$3,000**
- **Aileen's annual family deductible = \$3,000**

Ben and Aileen had physicals and preventive care lab tests[†].

- \$580 was paid by the preventive care benefit.

Both children had annual physicals and routine immunizations.

- \$320 was paid by the preventive care benefit.

Ben tore a ligament in his knee that required surgery.

- Charges of \$675 for the emergency room visit were paid with the health savings account debit card, which counts toward the deductible^{††}.
- Surgery charges were \$6,000. Ben paid \$2,325 with the debit card. With this, the \$3,000 family deductible had been satisfied and health plan benefits began. Of the remaining \$3,675, the health plan paid 80 percent (\$2,940) and Ben paid his 20 percent coinsurance (\$735).

Aileen saw a dermatologist and had several moles removed.

- Charges were \$1,200. The health plan paid 80 percent (\$960), and Aileen paid her 20 percent coinsurance (\$240).

All of the health savings account money was spent so there was no amount to roll over to next year.

Year Two

- **Ben and Aileen decide to contribute \$3,000 once again to their health savings account at the beginning of the year.**

Ben and Aileen had physicals and preventive care lab tests.

- \$525 was paid by the preventive care benefit.

Both children had annual physicals.

- \$275 was paid by the preventive care benefit.

Aileen saw her dermatologist for a follow-up visit.

- She paid for the \$175 visit with the HSA debit card, which also counted toward the deductible.
- Ben participated in a smoking cessation program.
- The program cost \$450 and he paid for it with a check from the health savings account. This expense did not count toward the deductible.

At the end of year two, \$2,375 remains in the health savings account and this rolls over to the next year.

*The provider should first submit your claim for processing so that you receive benefits at the Blue Cross and Blue Shield of Illinois negotiated rate. You may then use the debit card or checks to pay any balance due to the provider.

[†]In these examples, in-network preventive care is covered at 100%. Not all groups cover preventive care. Ask your employer for details.

^{††}Funds must be available in your health savings account before you can use them to pay for medical services. Ask your employer when funds will be deposited to your account (each pay period, quarterly, annually, etc.).

Frequently Asked Questions About BlueEdge HSA

What is a health savings account?

If you have a qualified high-deductible health plan (HDHP), you can establish a tax-exempt health savings account with your own funds, those from your employer or both. You can use the funds to pay for qualified medical care services. Qualified expenses also count toward your annual deductible. Balances roll over from year to year and the account is portable, which means you keep it if you change benefit plans, jobs or if you retire.

How can I decide if BlueEdge HSA is right for me?

Comparing covered benefits, network providers, the cost of coverage and other out-of-pocket expenses are important when choosing a health plan. For more information on HSAs, visit the U.S. Treasury's website at [treasury.gov](https://www.treasury.gov).

Who is eligible to open a health savings account?

Only eligible individuals may open an HSA. To qualify for an HSA, you:

- Must be enrolled in an HSA-compatible HDHP as of the first day of the month;
- May not have other coverage that is not an HSA-compatible HDHP, including Medicare coverage (certain exceptions apply);
- May not be claimed as a dependent on another person's tax return.

How is the HSA account funded?

IRS rules for contributions include, but are not limited to the following:

Any person (an employer, a family member or any other person) may make contributions to an HSA for an eligible individual.

Is there a specific health plan design for HSAs?

Yes. HSA law and IRS guidance have focused on four parts of the HDHP plan design:

- The deductible
- The out-of-pocket maximum
- Preventive care
- The overall benefit design must provide "significant benefits" at all times to those covered by the HDHP





Medical Plan Frequently Asked Questions

Q. Are my medical records kept confidential?

A. Yes. Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to keeping all specific member information confidential. Anyone who may have to review your records is required to keep your information confidential. Your medical records or claims data may have to be reviewed (for example, as part of an appeal that you request). If so, precautions are taken to keep your information confidential. In many cases, your identity will not be associated with this information.

Q. Who do I call with questions about my benefits?

A. Call the toll-free Customer Service number on the back of your member ID card.

Q. How do I find a contracting network doctor or hospital?

A. Go to [bcsil.com](https://www.bcsil.com) and use Provider Finder®, or call Customer Service at the toll-free number on the back of your member ID card.

Q. What do I do when I need emergency care?

A. Call 911 or seek help from any doctor or hospital. BCBSIL will coordinate your care with the emergency provider.

Some options for non-emergency care include:

- **Your doctor's office** for health exams, routine shots, colds, flu and other minor illnesses or injuries.
- **Walk-in retail health clinics** available in retail stores. Many have a physician assistant or nurse practitioner who can help treat ear infections, rashes, minor cuts and scrapes, allergies, colds and other minor health problems.
- **Urgent or immediate care clinics** for more serious health issues, such as when you need an X-ray or stitches.

Urgent Care or Freestanding Emergency Room?

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs are higher, just as if you went to the ER at a hospital. Here are some ways to know if you are at a freestanding ER.

Freestanding ERs:

- Look like urgent care centers, but have EMERGENCY in the facility name.
- Are separate from a hospital but are equipped and work the same as an ER.
- Are staffed by board-certified ER physicians and are subject to the same ER copay.
- Find urgent care centers¹ near you by texting² **URGENTIL** to **33633** and then type in your ZIP code.

Q. What should I bring to my first appointment with a new doctor?

A. Your first appointment is an opportunity to share information about your health with your new doctor. Bring as much medical information as possible, including:

- **Medical records and insurance card** — If you are undergoing treatment at the time you change doctors, your medical records are important to your new doctor. Your insurance card provides information about copayments, billing and Customer Service phone numbers.
- **Medications** — Give your new doctor information about prescription and over-the-counter medications, including any herbal medications you take. Be sure to include the name of the medication, the dosage, how often you take it and why you take it.
- **Special needs** — Make a list of any equipment or devices you use including wheelchairs, oxygen, glucose monitors and the glucose strips. Be prepared to explain how you use them, not only to make sure you have the equipment you need, but also to make sure that there is no disruption in your care.

Q. What questions should I ask if I am selecting a new doctor?

A. In addition to preliminary questions you might ask a new doctor — such as “Are you accepting new patients?” — here are some questions to help you evaluate whether a doctor is right for you.

- What is the doctor’s experience in treating patients with the same health problems that I have?
- Where is the doctor’s office? Is there convenient and ample parking, or is it close to public transportation?
- What are the regular office hours? Does the office have drop-in hours if I have an urgent problem?
- How long should I expect to wait to see the doctor when I’m in the waiting room?
- Are routine lab tests and X-rays performed in the office, or will I have to go elsewhere?
- Which hospitals does the doctor use?
- If this is a group practice, will I always see my chosen doctor?
- How long does it usually take to get an appointment?
- How do I get in touch with the doctor after office hours?
- Can I get advice about routine medical problems over the phone or by email?
- Does the office send reminders for routine preventive tests like cholesterol checks?

Q. What if I’m already in treatment when I enroll and my provider isn’t in the network?

A. We’ll work with you to provide the most appropriate care for your medical situation, especially if you are pregnant or receiving treatment for a serious illness. You may still be able to see your out-of-network provider for a period of time. Call the toll-free Customer Service number on the back of your member ID card for more information.

¹The closest urgent care center may not be in your network. Be sure to check Provider Finder to make sure the center you go to is in-network.

²Message and data rates may apply. Read terms, conditions and privacy policy at bcbsil.com/mobile/text-messaging.



Blue Access for MembersSM

Health care at your fingertips.

Blue Cross and Blue Shield of Illinois (BCBSIL) helps you get the most from your health care benefits with Blue Access for Members (BAMSM). You and all covered dependents age 18 and up can create a BAM account.

With BAM, you can:

- Find care – search for in-network doctors, hospitals, pharmacies and other health care providers
- Get your digital member ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Sign up for text or email alerts

It's easy to get started.

Use your member ID card to create a BAM account at [bcbsil.com](https://www.bcbsil.com), or text* **BCBSILAPP** to **33633** to download our mobile app.



Scan this QR code to visit [bcbsil.com](https://www.bcbsil.com).



Other Benefits for Non-HMO Plans

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

Preventive Care

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

Emergency Care

If you, as a prudent layperson (with an average knowledge of health and medicine) need to go to the emergency room of any hospital, your care will be covered subject to your plan's deductible and any applicable copayments or coinsurance. In an emergency, you should seek care from an emergency room or other similar facility. Call 911 or other community emergency resources to obtain assistance in life-threatening situations. Your group plan may require that you, a family member or friend contact Blue Cross and Blue Shield of Illinois (BCBSIL) if you are admitted to the hospital.

National Coverage

You have nationwide access to contracting providers in networks linked through the BlueCard® program when you or your covered dependents live, work or travel anywhere in the country. The national network includes most physicians and hospitals in the country. Be sure to use a BlueCard network provider to receive the highest level of benefits.

With the BlueCard program, there are two ways to locate contracting doctors and hospitals:

- Visit the website at **bcbsil.com** and click on the Find a Doctor or Hospital tab to use the Provider Finder® tool or call BlueCard® Access at **800-810- BLUE (800-810-2583)** for help. Maps and driving directions are also available.
- Call Customer Service at the toll-free number on the back of your member ID card.



Reconstructive Surgery Following a Mastectomy

Federal and State of Illinois legislation require group health plans and health insurers to provide coverage for reconstructive surgery following a mastectomy. Specifically, these laws state that health plans that cover mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications for all stages of mastectomy, including lymphedemas.

Your coverage may also include benefits for baseline and annual mammograms. Check your group plan documents for details.

Illinois Dependent Eligibility Mandate

Under Federal law, your dependents are eligible for health and dental coverage up to the dependent limiting age and may not be denied coverage due to marital, student or employment status before age 26. Check with your employer for additional details regarding eligibility requirements. In addition, eligible military personnel may not be denied coverage before age 30 under Illinois law. If you elect Blue Choice SelectSM coverage, your dependents must live within the defined service area.

This Illinois law applies to all individual plans and insured group medical and dental plans, as well as self-insured municipalities, counties and schools. The law does not apply to self-funded national account groups or local non-municipal self-funded groups. If you have questions about this law, contact your benefits administrator.

International Coverage

When you travel outside the United States and need medical assistance services, call **800-810-BLUE (800-810-2583)** or call collect to **804-673-1177** 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 you to pay up front for inpatient care. You are responsible for the out-of-pocket expenses such as a deductible, copayment, coinsurance and non-covered services. The doctor or hospital should submit your claim.

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



Understanding Your Explanation of Benefits

Your **Explanation of Benefits (EOB)** lets you know when and how we process your claims. It isn't a bill. It gives you a detailed look at the covered services and shows how much you may owe your provider after we apply your benefits.

Page One Covers the Basics

- A. Confirm your policy ID.
- B. Learn how to download the mobile app and access your claims online.
- C. Find helpful contacts and a glossary.



PO Box 7344
Chicago, IL 60680-7344

John Smith
1234 Cedar Road
APT #2
Any Town, IL 76065

Sample

EXPLANATION OF BENEFITS

- A** Log into **Blue Access for MembersSM** at bcbsil.com
 - View plan and claim details
 - Contact us through our secure Message Center
 - Sign up for digital health plan info
 - Search for health care providers
- B** Text* **BCBSILAPP** to **33633** to download the mobile app.
- C** Have questions about this EOB? Customer Advocates are here to help! **XXX-XXX-XXXX**

SUBSCRIBER INFORMATION
GROUP NAME
Member ID#: XXXXXXXX777V Group #: 000012345

Dear John Smith,

An Explanation of Benefits (EOB) is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

HELPFUL INFORMATION

Want Your Health Care Info Digitally?

To get this EOB and other health care info on our mobile app, text* BCBSILAPP to 33633 to download the app. You can also go digital by logging in at bcbsil.com/member. Go to My Account and choose Profile and Preferences, then click Go Paperless.

Health Care Fraud Hotline: 800-543-0867

Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois (BCBSIL), please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to bcbsil.com.

GLOSSARY OF TERMS - We have described some of the terms used here to help you understand them, but you should make sure to read your benefit plan materials if you have questions.

Amount Billed: The amount your provider billed for the service(s) rendered.

Amount Covered (Allowed): Discounts, reductions, and amount covered (allowed) reflect the terms of your plan, and in the case of an in-network provider, the savings we have negotiated with your provider. Your deductible, coinsurance and copay are based on the allowed amount and the terms of your plan. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

Coinsurance: The percentage of the allowed amount you pay as your share of the bill. For example, if your plan pays 80% of the allowed amount, 20% would be your coinsurance.

Copay Amount (Also known as Copayment): The set fee you pay each time you receive a certain service. Some plans do not have copayments.

Deductible: The amount, if any, you must pay before we start paying contract benefits. You do not send this amount to us. We subtract this amount from covered expenses on claims you and health care professionals send us. Some services can be covered before the deductible is met.

Non-Participating Provider: An out-of-network provider who does not accept rates for services we set to keep your costs down.

Out-of-Pocket Limit (Maximum): Once you pay this amount in deductibles, copayments and coinsurance for covered services, we pay 100% of the allowed amount for covered services for the rest of the benefit period.

Participating Provider: An in-network or out-of-network provider who accepts agreed-upon rates for services.

Your Total Costs: This is the sum of your copay, deductible and coinsurance. It also includes any amounts not covered by your health plan. Amounts that a non-participating provider may bill you are not part of this.

*Message and data rates may apply. Terms & Conditions and Privacy Policy bcbsil.com/member/account-access/mobile/text-messaging. Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

F SUBSCRIBER INFORMATION
GROUP NAME
 Member ID#: XXXXXXXX777V Group #: 000012345
 Customer Advocates are here to help! 8XXX-XXX-XXXX

CLAIM DETAIL (1 OF 1)
PATIENT: JOHN SMITH **D**
PROVIDER: RALPH JOHNSTON M.D. **E**
 CLAIM # XXXXXXXXXXXXX

Sample

DATE PROCESSED: 06/20/2022

O² Amount Billed	\$7,850.00
Discounts and Reductions	- \$3,930.00
Health Plan Responsibility	- \$2,219.00
O³ Paid from your HCA Account	- \$0.00
You may owe your health care provider for these services	\$1,701.00

Service Description	Service Dates	YOUR BENEFITS APPLIED				YOUR RESPONSIBILITY				Your Total Costs
		Amount Billed G	Discounts and Reductions H	Amount Covered (Allowed) I	Health Plan Responsibility J	Deductible Amount K	Copay Amount L	Coinsurance M	Amount Not Covered N	
Surgical Charges	04/04/2022	4,000.00	(1) 1,800.00	2,200.00	960.00	1,000.00		240.00		1,240.00
Recovery Room	04/04/2022	900.00	(1) 410.00	490.00	392.00			98.00		98.00
Med/Surg Supplies	04/04/2022	300.00	(1) 140.00	160.00	128.00			32.00		32.00
Med/Surg Supplies	04/04/2022	100.00							(2) 100.00	100.00
Laboratory Services	04/04/2022	1,200.00	(1) 820.00	380.00	304.00			76.00		76.00
Laboratory Services	04/04/2022	400.00	(1) 270.00	130.00	72.00		50.00	8.00		58.00
MRI Outpatient	04/04/2022	950.00	(1) 490.00	460.00	363.00		15.00	82.00		97.00
CLAIM TOTALS		\$7,850.00	\$3,930.00	\$3,820.00	\$2,219.00	\$1,000.00	\$65.00	\$536.00	\$100.00	\$1,701.00

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-22. **J²**

Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

(1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference. **P**

(2) Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

For your up-to-date Medical Spending summary, visit Blue Access for MembersSM on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card. **Q**

JOHN SMITH - Benefit Period: 01-01-22 Through 12-31-22 To date this patient has met \$2,900.00 of her/his \$2,900.00 Out-of-pocket Expense.

Benefit Period: 01-01-22 Through 12-31-22 To date \$3,870.78 of the Family \$5,800.00 Out-of-pocket Expense has been met.

On Page Two You Can:

At a glance, confirm the:

D. Patient **E.** Provider **F.** Policy Information

Get the Details

YOUR BENEFITS APPLIED – This section shows your list of services and how they're covered.

G. Amount Billed is the total amount your provider billed for the services.

I. Amount Covered (Allowed) is the amount billed (G) minus any discounts or reductions (H).

J. Health Plan Responsibility is the portion we paid to your provider.

See Your Cost Share

YOUR RESPONSIBILITY – This section shows your member cost-share amounts, including:

K. Deductible **L.** Copays **M.** Coinsurance

O. Your Total Costs details the amount shown in O², and is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments up front. It also includes amounts not covered by your health plan (N). It does not include charges that a non-participating provider may bill you. If your benefits feature a Health Care Account (HCA), or other Health Savings Account (HSA), any payments from those accounts will be reflected in this line (O³). HCAs and HSAs do not apply to all benefit plans.

Get More Information

Your EOB may include a little more information about:

J². Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).

P. See discounts and reductions (H), and any amounts that aren't covered (N).

Q. Track your yearly out-of-pocket totals so you'll know when your patient cost-shares are met.

Sign up to get your EOBs online on **Blue Access for MembersSM** or text* **BCBSILAPP to 33633** to download the mobile app.

* Message and data rates may apply. See terms and conditions and our privacy policy at bcbsil.com/member/account-access/mobile/text-messaging.

EOB samples are for illustrative purposes only. Not all EOBs are the same. The format and content of an EOB depends on your benefit plan and the services provided.

We're with you wherever you go



Download the Blue Cross and Blue Shield of Illinois (BCBSIL) App to manage your health wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View or print your member ID card
- Log in securely with your fingerprint or face recognition*
- View your Explanation of Benefits

Then, Manage Your Preferences

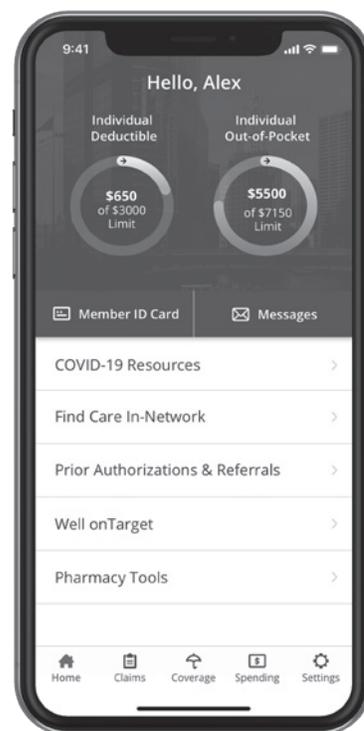
In the BCBSIL App:

- Update your profile with your mobile number.
- Set your notification preferences to text.

Choose the messages and information you want to get:

- Claims, prior authorization or referral updates
- New documents to review
- Secure message notifications
- Find out about new benefits and services

Ready to get started? Text BCBSILAPP to 33633 to get the app.**

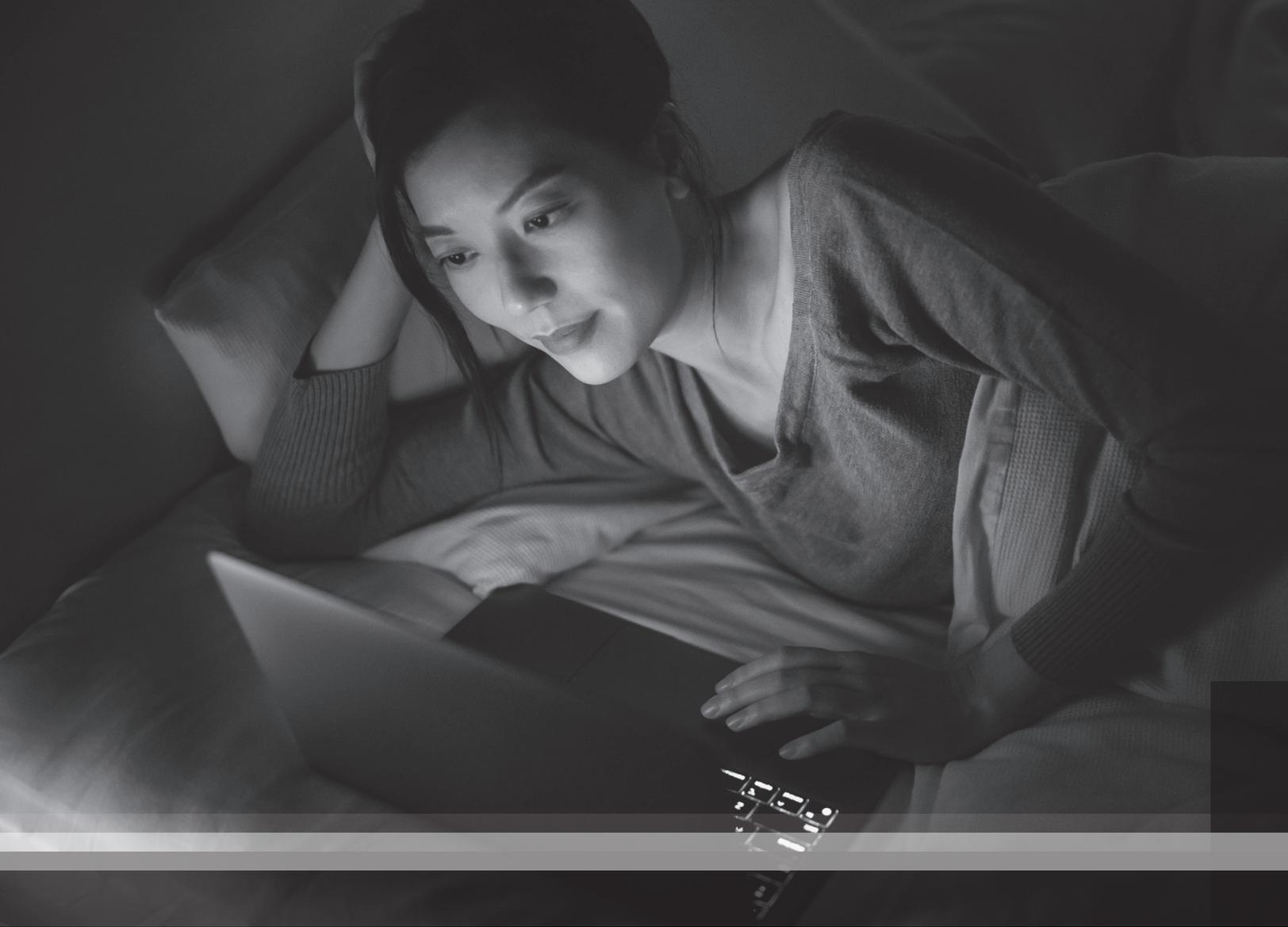


Available in Spanish



* Availability varies by device.

** Message and data rates may apply. Terms and conditions and privacy policy at bcbsil.com/member/account-access/mobile/text-messaging.



Virtual Visits: **Get Cost-Effective, 24/7 Care**

With Virtual Visits from MDLIVE®, the doctor is always in. This Blue Cross and Blue Shield of Illinois (BCBSIL) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Powered by
MDLIVE

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSIL benefit, please call the number on the back of your ID card.

Activate your Virtual Visits account today:

- Call 888-676-4204
- Go to MDLIVE.com/bcbsil
- Text BCBSIL to 635-483
- Download the app



Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Your Doctor Is In... Provider Finder[®]



It's now easier to find a provider and manage health care expenses.

Provider Finder from Blue Cross and Blue Shield of Illinois (BCBSIL) is a fast, easy-to-use tool that improves members' experience when they're looking for in-network health care providers. Plus, it can help them manage their out-of-pocket costs.

The updated Provider Finder platform has undergone intensive testing. The result is a better experience that will help members be smarter consumers of health care.

By going to **bcbsil.com**, members can login or create an account on Blue Access for MembersSM (BAMSM) and use Provider Finder to:

- Find in-network providers, clinics, hospitals and drugstores.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Compare quality awards for doctors, hospitals and more.
- Read or add reviews for providers.
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.*
- Find cost savings opportunities using the Medication Finder tool.



Go Mobile with BCBSIL

Even on the go members can manage their ID cards and stay on top claims activity, coverage information and prescription refill reminders. It's easy: Log into or create a BAM account at **bcbsil.com** or text BCBSIL to 33633** to download our mobile app.

* Not all plans provide this information.

** Message and data rates may apply. Terms and conditions and privacy policy are available at bcbsil.com/mobile/text-messaging.



How Much Does That Cost?

Navigate your plan with Provider Finder®

There's a lot to think about when deciding where to get health care. Look at the table below to see how much prices can change for the same procedure in the same area. Provider Finder is a tool that helps you make the best health care decisions.

Procedure	Provider A	Provider B	Difference
MRI of the Brain	\$682 ¹	\$3,849 ¹	\$3,167
Hysterectomy	\$12,371 ²	\$20,578 ²	\$8,207
Hernia Repair	\$4,142 ²	\$11,692 ²	\$7,550
Knee Replacement	\$16,997 ¹	\$55,155 ¹	\$38,158

Note that costs are examples and may not apply to every member's situation

Provider Finder allows members to:

Check costs before your appointment: Find quality, independently contracted health care providers who charge less.

Find and compare doctors and facilities: Discover local doctors in your network. Check if a facility has been recognized for providing quality care.

Understand your benefits: Learn what you may need to pay based on your plan's copay, coinsurance, deductible and other benefits.*

Learn more about your providers: Read reviews and ratings from other members and share your own.



Go Digital

To use Provider Finder, visit bcbsil.com and register or log in to Blue Access for MembersSM. Click on the **Find Care** tab, and click on the **Find a Doctor or Hospital** link.

1. Allowable in-network cost data from providers within a 50-mile radius of Chicago, Illinois. Costs are examples and may not apply to every member's situation.

2. Allowable in-network cost data from providers within a 50-mile radius of Springfield, Illinois. Costs are examples and may not apply to every member's situation.

* Available for most networks and plans



Compare Costs and You May Earn Cash with Member Rewards

Did you know that prices for the same quality medical services can differ by thousands of dollars within the same region and health plan network? Blue Cross and Blue Shield of Illinois (BCBSIL) provides **Member Rewards**, a program administered by Sapphire Digital that offers cash rewards when a lower-cost, quality option is selected.

- Compare it to where you park your car—the \$30 lot or the \$15 one just a few blocks away.
- Member Rewards allows you to shop for health care services in a similar way, and as the examples in the chart show, you can save money depending on the option you select.
- Best of all, shopping with Member Rewards could help lower your out-of-pocket costs and help get you a cash reward.

Reward Eligible Procedure	Provider A Cost	Provider B Cost
MRI of the Brain	\$682	\$2,723
Artificial Joint Repair	\$17,003	\$47,617

Examples shown are for illustration purposes and are not intended to represent costs for procedures in your area.

Program Benefits

Member Rewards uses our Provider Finder[®] tool to help you:

- Compare costs and quality for numerous procedures such as screenings, scans, surgeries and more
- Estimate out-of-pocket costs
- Earn cash rewards
- Save money and make the most efficient use of your health care benefits
- Consider treatment decisions with your doctors

Most of us look for value when we're shopping — why not apply this practice to shopping for health care services? With Member Rewards, you can reduce your costs and take more control of your health care financial decisions.

How Does It Work?

	<ol style="list-style-type: none">1. Find a reward-eligible location by shopping online with Provider Finder — visit bcbsil.com, register or log in to Blue Access for MembersSM and select Find Care.
	<ol style="list-style-type: none">2. Get the procedure or service at your chosen reward-eligible location.
	<ol style="list-style-type: none">3. Receive a cash reward by check, which will be mailed directly to your home, after the claim is paid and the location is verified as reward-eligible.

Questions? Call the number on the back of your member ID card.

Sapphire Digital is an independent company that has contracted with Blue Cross and Blue Shield of Illinois (BCBSIL) to administer the Member Rewards program for members with coverage through BCBSIL. Reward-eligible options and reward amounts are subject to change. Eligibility for rewards is subject to terms and conditions of the Member Rewards program. Amounts received through Member Rewards may be taxable. BCBSIL does not provide tax advice. Members that have primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program.

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



24/7 Nurseline Audio Health Topics



What are audio health topics?

Health care questions and concerns are present even when symptoms are not. The 24/7 Nurseline audio health topics are available to help you and your family educate yourselves about many common and chronic illnesses and diseases – 24 hours a day, 7 days a week. Pre-recorded messages provide the information you need to help:

- Prevent illness
- Identify warning signs
- Administer self care



How can I listen to audio health topics?

It's easy, just call the same toll-free number you call to speak with a nurse. You can call anytime for information on a variety of health care topics. If you are calling from a dial phone (rotary phone), please stay on the line and a nurse can direct you to a topic. Calling instructions are as follows:

1. Look up the 4-digit number for the topic you want to hear.
2. Call the toll-free number.
3. Select the option for audio health topics.
4. Listen to the recording. Topics are usually 2 to 5 minutes in length.
5. Press * to replay the topic.

Audio Health Topics

Allergies

- 2338 Allergic reaction
- 1000 Allergies
- 2770 Drug allergies
- 1002 Food allergies
- 1007 Should I take allergy shots for allergic rhinitis and allergic asthma?

Asthma

- 1981 Asthma in teens and adults

Blood and Lymph

- 1533 Complete blood count
- 2623 Iron deficiency anemia
- 2756 Rh sensitization during pregnancy
- 1460 Swollen lymph nodes
- 2680 Toxic shock syndrome

Bones, Joints and Muscles

- 2105 Ankle sprain
- 1030 Arthritis
- 2162 Arthroscopy
- 1780 Bunions
- 2102 Bursitis
- 2104 Carpal tunnel syndrome
- 1950 Chronic fatigue syndrome
- 1038 Fibromyalgia
- 1039 Gout
- 1463 Herniated disc
- 2160 Hip replacement surgery
- 1031 Juvenile rheumatoid arthritis
- 1450 Low back pain
- 1033 Lupus
- 2106 Muscle cramps and leg pain
- 1457 Neck pain
- 2259 Osteoarthritis
- 1032 Osteoporosis

- 1784 Plantar fasciitis
- 1034 Rheumatoid arthritis
- 2169 Rotator cuff disorders
- 2163 Should I have knee replacement surgery?
- 2174 Should I have surgery for a herniated disc?
- 1456 Sports injuries
- 2151 Surgery for carpal tunnel syndrome
- 1461 Temporomandibular (TM) disorders
- 2103 Tendon injury

Brain and Nerves

- 1060 ALS (Lou Gehrig's disease)
- 1061 Alzheimer's disease
- 1062 Bell's palsy
- 1453 Benign paroxysmal positional vertigo
- 1515 Diabetic neuropathy
- 1080 Dyslexia
- 1537 Electroencephalogram
- 1539 Electromyography and nerve conduction studies
- 1064 Encephalitis
- 1063 Epilepsy
- 1068 Guillain-Barré syndrome
- 1463 Herniated disc
- 2400 Insomnia
- 1644 Ménière's disease
- 1405 Migraine headaches
- 1065 Multiple sclerosis
- 1066 Parkinson's disease
- 2174 Should I have surgery for a herniated disc?
- 1067 Stroke
- 1081 Stroke Rehabilitation
- 1404 Tension Headaches

Cancer

- 1841 Be tobacco free
- 1531 Breast biopsy
- 1105 Cancer pain
- 2245 Care at the end-of-life
- 1110 Colon polyps
- 1113 Colorectal cancer
- 2240 Hospice care
- 1124 Lung cancer
- 1111 Ovarian cancer
- 1128 Prostate cancer
- 1545 Prostate-specific antigen test
- 1129 Skin cancer, melanoma
- 1130 Skin cancer, non-melanoma
- 1120 Women's cancers

Children's Health

- 1250 Attention deficit hyperactivity disorder
- 1251 Bed-wetting
- 1254 Chickenpox
- 1240 Child abuse and neglect
- 1278 Childhood rashes
- 1264 Ear infections
- 2165 Ear tubes
- 1455 Fever, age 4 and older
- 1837 Healthy eating for children
- 1279 Immunizations
- 1272 Impetigo
- 1031 Juvenile rheumatoid arthritis
- 1274 Measles or rubeola
- 1275 Mumps
- 1462 Nausea and vomiting, age 4 and older
- 1280 Pinworms
- 1259 Reye syndrome
- 1283 Roseola
- 1284 Rubella, or German measles

Audio Health Topics

Children's Health (continued)

- 1288 Teething
- 1247 Temper tantrums
- 1292 Thrush
- 1289 Thumb-sucking
- 1290 Toilet training
- 1293 Urinary tract infections in children

Diabetes

- 1515 Diabetic neuropathy
- 1516 Diabetic retinopathy
- 1504 Gestational diabetes
- 1506 Home blood sugar monitoring
- 1512 Prediabetes
- 1508 Type 1 diabetes
- 1500 Type 2 diabetes
- 1501 Type 2 diabetes: Living with complications
- 1502 Type 2 diabetes: Living with the disease
- 1503 Type 2 diabetes: Recently diagnosed

Digestion

- 1452 Antidiarrheals
- 1600 Appendicitis
- 1540 Barium enema
- 2000 Bulking agents and laxatives
- 1257 Colic
- 1110 Colon polyps
- 1451 Constipation
- 1618 Crohn's disease
- 1454 Diarrhea, age 12 and older
- 1605 Diverticulosis
- 1402 Food poisoning
- 1608 Gallstones
- 1612 Gastroesophageal reflux disease

- 1610 Heartburn
- 1952 Hepatitis A
- 1953 Hepatitis B
- 1827 Hepatitis C
- 1403 Inguinal hernia
- 1611 Irritable bowel syndrome (IBS)
- 2154 Laparoscopic gallbladder surgery for gallstones
- 2159 Laparoscopic inguinal hernia repair
- 2164 Laparoscopy
- 1613 Peptic ulcer disease
- 1609 Rectal problems
- 2158 Surgery for hemorrhoids
- 1603 Ulcerative colitis
- 1541 Upper gastrointestinal series
- 1407 Viral and bacterial infection

Ear, Nose and Throat

- 1453 Benign paroxysmal positional vertigo
- 1264 Ear infections
- 2165 Ear tubes
- 1640 Earwax
- 1646 Hearing loss
- 1641 Labyrinthitis
- 1648 Laryngitis
- 1644 Ménière's disease
- 1459 Strep throat
- 1643 Swimmer's ear
- 2171 Tonsillectomy and adenoidectomy
- 1560 Tonsillitis

Eyes and Vision

- 1711 Age-related macular degeneration
- 2152 Cataract surgery
- 1709 Cataracts

- 1710 Color blindness
- 1703 Contact lens care
- 1516 Diabetic retinopathy
- 1705 Eye injuries
- 1700 Eye problems
- 1717 Floaters and flashes
- 1712 Glaucoma
- 1708 Pinkeye
- 1716 Should I have laser surgery for nearsightedness?
- 1713 Strabismus
- 1702 Vision tests

First Aid

- 1750 Animal and human bites
- 2105 Ankle sprain
- 1755 Blisters
- 2332 Boils
- 2000 Bulking agents and laxatives
- 1761 Burns
- 1781 Calluses and corns
- 1255 Choking rescue procedure
- 2337 Cold temperature exposure
- 6932 CPR in babies
- 6675 CPR in young children
- 1762 Cuts
- 1260 Dehydration
- 1705 Eye injuries
- 1759 Heat-related illnesses
- 1270 How to take a temperature
- 2256 Hypothermia
- 1751 Insect and spider bites and stings
- 1458 Nosebleeds
- 2001 Pain relievers
- 1763 Poisoning
- 1764 Puncture wounds
- 1766 Removing splinters

Audio Health Topics

First Aid (continued)

- 2203 Rescue breathing and CPR
- 1752 Snakebites
- 1456 Sports injuries
- 1754 Tick bites
- 1758 Your home health center

Headaches

- 1405 Migraine headaches
- 1404 Tension headaches

Healthy Eating and Weight

- 1833 Fitness
- 2251 Healthy aging
- 1853 Healthy eating
- 1837 Healthy eating for children
- 1834 Healthy weight
- 2623 Iron deficiency anemia

Heart and Circulation Problems

- 1908 Atrial fibrillation (irregular heartbeats)
- 1915 Cardiac rehabilitation
- 1903 Causes of heart attack
- 1900 Chest pain
- 1538 Electrocardiogram
- 1532 Exercise electrocardiogram
- 1901 Heart attack and unstable angina
- 1904 Heart attack prevention
- 1907 Heart failure
- 1909 High blood pressure (hypertension)
- 1832 High cholesterol
- 1911 Pacemakers
- 1067 Stroke
- 1081 Stroke rehabilitation
- 1912 Varicose veins

Hormones

- 2651 Hormone therapy
- 2550 Hypothyroidism

Imaging and X-rays

- 1534 Chest X-ray
- 1536 CT scan of the body
- 1542 Magnetic resonance imaging (MRI)

Immune System

- 1957 HIV infection and AIDS
- 1279 Immunizations
- 1033 Lupus
- 1034 Rheumatoid arthritis

Infant and Toddler Health

- 1250 Attention deficit hyperactivity disorder
- 1251 Bed-wetting
- 2753 Bottle-feeding
- 2751 Breast-feeding
- 1254 Chickenpox
- 1240 Child abuse and neglect
- 1278 Childhood rashes
- 1256 Circumcision
- 1257 Colic
- 1258 Croup
- 1264 Ear infections
- 2165 Ear tubes
- 1253 Fever, age 3 and younger
- 1267 Fifth disease
- 1268 Growth and development of the newborn
- 1269 Hand-foot-and-mouth disease
- 1837 Healthy eating for children
- 1279 Immunizations
- 1272 Impetigo
- 1274 Measles or rubeola

- 1275 Mumps
- 1261 Newborn rashes and skin conditions
- 1280 Pinworms
- 1259 Reye syndrome
- 1283 Roseola
- 1284 Rubella, or German measles
- 1287 Sudden infant death syndrome (SIDS)
- 1288 Teething
- 1247 Temper tantrums
- 1292 Thrush
- 1289 Thumb-sucking
- 1290 Toilet training
- 1293 Urinary tract infections in children
- 2757 Weaning

Lungs and Airways

- 1983 Acute bronchitis
- 1000 Allergies
- 1408 Avian influenza (Bird Flu)
- 1841 Be tobacco free
- 1976 Chronic obstructive pulmonary disease (COPD)
- 2007 Cold and allergy remedies
- 1400 Colds
- 2003 Cough preparations
- 1258 Croup
- 2002 Decongestants
- 2770 Drug allergies
- 1002 Food allergies
- 1401 Influenza
- 1648 Laryngitis
- 1124 Lung cancer
- 1546 Lung function tests
- 1007 Should I take allergy shots for allergic rhinitis and allergic asthma?

Audio Health Topics

Lungs and Airways (continued)

- 1406 Sinusitis
- 2403 Sleep apnea
- 2406 Snoring
- 1956 Tuberculosis (TB)
- 1407 Viral and bacterial infection
- 1965 West Nile virus

Men's Health

- 2034 Benign prostatic hyperplasia, or BPH
- 2600 Birth control
- 2307 Chlamydia
- 1256 Circumcision
- 1230 Domestic violence
- 1295 Early disease detection
- 2032 Erection problems
- 2308 Genital herpes
- 2309 Genital warts
- 2310 Gonorrhea
- 2033 Infertility
- 2036 Male genital problems and injuries
- 1128 Prostate cancer
- 1545 Prostate-specific antigen test
- 1848 Sexually transmitted infections
- 2311 Syphilis
- 2167 Transurethral resection of the prostate
- 2315 Trichomoniasis
- 2173 Vasectomy

Mental and Behavioral Issues

- 1838 Alcohol and drug problems
- 2052 Anorexia nervosa
- 1250 Attention deficit hyperactivity disorder

- 1069 Bipolar disorder
- 2053 Bulimia nervosa
- 1240 Child abuse and neglect
- 1071 Dementia
- 2057 Depression
- 1230 Domestic violence
- 2059 Grief and grieving
- 2051 Obsessive-compulsive disorder
- 2055 Panic attacks and panic disorder
- 1070 Schizophrenia
- 2063 Social anxiety disorder
- 1845 Stress management
- 2066 Suicidal thoughts or threats
- 2435 Teen alcohol and drug abuse
- 2428 Treatment for alcohol use problems

Pregnancy and Childbirth

- 2436 Alcohol effects on a fetus
- 2714 Amniocentesis
- 2600 Birth control
- 2720 Cesarean section
- 1535 Chorionic villus sampling
- 2752 Complications after delivery
- 2704 Danger signs during pregnancy
- 2708 Diet during pregnancy
- 2157 Episiotomy
- 2709 Exercise during pregnancy
- 1504 Gestational diabetes
- 2701 Home pregnancy tests
- 2700 Preparing for a healthy baby
- 2033 Infertility
- 2754 Labor, delivery, and postpartum period
- 2717 Miscarriage

- 1211 Multiple pregnancy: Twins or more
- 2750 Postpartum depression
- 2426 Precautions during pregnancy
- 2705 Pregnancy
- 2756 Rh sensitization during pregnancy
- 2710 Rubella and pregnancy
- 2719 Stretch marks from pregnancy
- 2707 Symptoms and stages of labor
- 2706 Symptoms and stages of pregnancy
- 1548 Ultrasound for normal pregnancy

Senior Health

- 1711 Age-related macular degeneration
- 1061 Alzheimer's disease
- 2245 Care at the end-of-life
- 1071 Dementia
- 2251 Healthy aging
- 2240 Hospice care
- 2261 Ingrown toenail
- 1836 Physical activity for older adults
- 2006 Prevent medical errors
- 2004 Prevent medication errors

Sexual and Reproductive Organs

- 2675 Abnormal uterine bleeding
- 2702 Abortion
- 2640 Bacterial vaginosis
- 2600 Birth control
- 2307 Chlamydia
- 1535 Chorionic villus sampling



Audio Health Topics

Sexual and Reproductive Organs (continued)

- 1256 Circumcision
- 2752 Complications after delivery
- 2672 Endometriosis
- 2308 Genital herpes
- 2309 Genital warts
- 2310 Gonorrhea
- 1957 HIV infection and AIDS
- 2674 Hysterectomy
- 2033 Infertility
- 2164 Period laparoscopy
- 2036 Male genital problems and injuries
- 2650 Menopause and perimenopause
- 2678 Menstrual cramps
- 2670 Missed or irregular periods
- 1544 Pelvic exam and Pap test
- 2312 Pelvic inflammatory disease
- 2723 Pelvic organ prolapse
- 1112 Polycystic ovary syndrome
- 2724 Premenstrual syndrome
- 1128 Prostate cancer
- 1545 Prostate-specific antigen test
- 1848 Sexually transmitted infections
- 2311 Syphilis
- 2167 Transurethral resection of the prostate
- 2315 Trichomoniasis
- 2172 Tubal ligation and tubal implants
- 2673 Uterine fibroids
- 2643 Vaginal yeast infections
- 2173 Vasectomy

Skin, Hair and Nails

- 2330 Acne
- 2336 Atopic dermatitis
- 1755 Blisters
- 2332 Boils
- 1781 Calluses and corns
- 1278 Childhood rashes
- 2333 Cold sores
- 2334 Dandruff
- 2346 Fungal nail infections
- 2031 Hair loss
- 1269 Hand-foot-and-mouth disease
- 2261 Ingrown toenail
- 1273 Lice
- 1033 Lupus
- 2344 Psoriasis
- 2343 Rashes
- 1296 Scabies
- 2349 Shingles
- 1707 Styes and chalazia
- 2352 Sunburn
- 2353 Warts

Substance Abuse

- 1838 Alcohol and drug problems
- 2436 Alcohol effects on a fetus
- 2435 Teen alcohol and drug abuse
- 2428 Treatment for alcohol use problems

Teen Health

- 2052 Anorexia nervosa
- 1981 Asthma in teens and adults
- 1250 Attention deficit hyperactivity disorder
- 2053 Bulimia nervosa
- 1951 Infectious mononucleosis

- 1031 Juvenile rheumatoid arthritis
- 2435 Teen alcohol and drug abuse
- 1291 Urinary tract infections in teens and adults

Urinary System

- 1547 Abdominal ultrasound
- 1251 Bed-wetting
- 2034 Benign prostatic hyperplasia, or BPH
- 2307 Chlamydia
- 2570 Chronic kidney disease
- 2155 Cystoscopy
- 2310 Gonorrhea
- 2576 Kidney stones
- 2164 Laparoscopy
- 1128 Prostate cancer
- 1545 Prostate-specific antigen test
- 1848 Sexually transmitted infections
- 2311 Syphilis
- 2167 Transurethral resection of the prostate
- 2257 Urinary incontinence in women
- 1293 Urinary tract infections in children
- 1291 Urinary tract infections in teens and adults
- 1407 Viral and bacterial infection

Wise Health Consumer

- 1841 Be tobacco free
- 1202 Caregiver tips
- 1802 Finding a doctor who will be a partner
- 1830 Healthy living
- 1800 Making wise health decisions
- 2006 Prevent medical errors

Audio Health Topics

Wise Health Consumer (continued)

- 2004 Prevent medication errors
- 2503 Shared decisions about surgery
- 1964 Stress relief and relaxation
- 1835 The mind-body connection
- 2204 Travel health
- 1801 Work in partnership with your doctor

Women's Health

- 2675 Abnormal uterine bleeding
- 2640 Bacterial vaginosis
- 1531 Breast biopsy
- 2156 Dilation and curettage

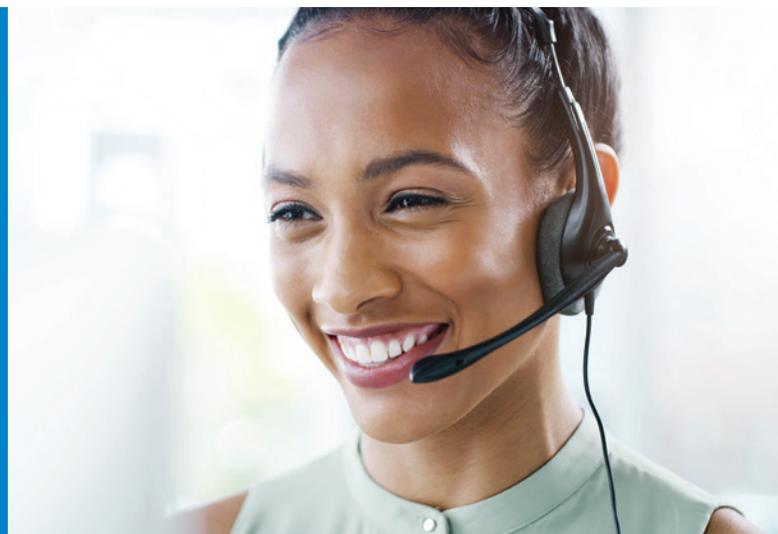
- 1230 Domestic violence
- 1295 Early disease detection
- 2672 Endometriosis
- 2677 Functional ovarian cysts
- 2651 Hormone therapy
- 2674 Hysterectomy
- 2033 Infertility
- 1107 Period mammogram
- 2650 Menopause and perimenopause
- 2678 Menstrual cramps
- 2717 Miscarriage
- 2670 Missed or irregular periods
- 1032 Osteoporosis
- 1111 Ovarian cancer

- 1544 Pelvic exam and Pap test
- 2312 Pelvic inflammatory disease
- 2723 Pelvic organ prolapse
- 1112 Polycystic ovary syndrome
- 2724 Premenstrual syndrome
- 2039 Sexual problems in women
- 2680 Toxic shock syndrome
- 2315 Trichomoniasis
- 2172 Tubal ligation and tubal implants
- 2673 Uterine fibroids
- 2643 Vaginal yeast infections
- 1120 Women's cancers



Call the 24/7 Nurseline at 800-299-0274
to access audio health topics.

Call 911 for health emergencies.





You don't need to be a rock star to have a personal assistant.



You already have one for your health care needs.

Are you ready for health care made easy? We think you are — that's why you have a Blue Cross and Blue Shield of Illinois (BCBSIL) health advocate* waiting to help with your benefits questions and health care needs.

It's easy to reach a health advocate:



Call toll-free 24/7 **877-245-5681**

Use MyEvive^s to see all your health benefits:



1. Visit myhealth.myevive.com or download the MyEvive app
2. Enter IPBC as Company
3. Complete personal information

Health advocates can help you and your covered family members:

- Get personal assistance with your health care matters
- Understand your health benefits
- Talk to your BCBSIL clinician about health questions
- Sort out a new diagnosis and what to do next
- Shop for quality, lower-cost health care
- Earn cash rewards for making smart health care choices

**So stop trying to do it all on your own, we're here for you.
Call or chat with your health advocate today.**

* Health advocates do not replace the care of a doctor and you should talk to your doctor about any medical questions or concerns.

[§] Evive Health, LLC. is an independent company that provides health care communications and a digital member platform for Blue Cross and Blue Shield of Illinois.

Retrain Your Brain



See how much better life can feel with digital mental health programs from Learn to Live.¹

More than half of people will struggle with a mental health concern at some point in their lives.² But you can learn new skills to break old patterns that may be holding you back. Digital mental health programs from Learn to Live can help you get your mental health on track so you can feel better and enjoy life more.

Find out where you may need support

An online assessment helps pinpoint the right programs for you, such as:

- Stress, anxiety and worry
- Depression
- Insomnia
- Social anxiety
- Substance use
- Panic
- Resiliency

Get a mental health tune-up — online



Learn to adjust unhelpful thoughts and control your moods

Explore quick and easy lessons whenever it fits your schedule. A little homework between sessions helps you keep up your progress. Activities are based on therapy techniques with a track record of helping people get better.



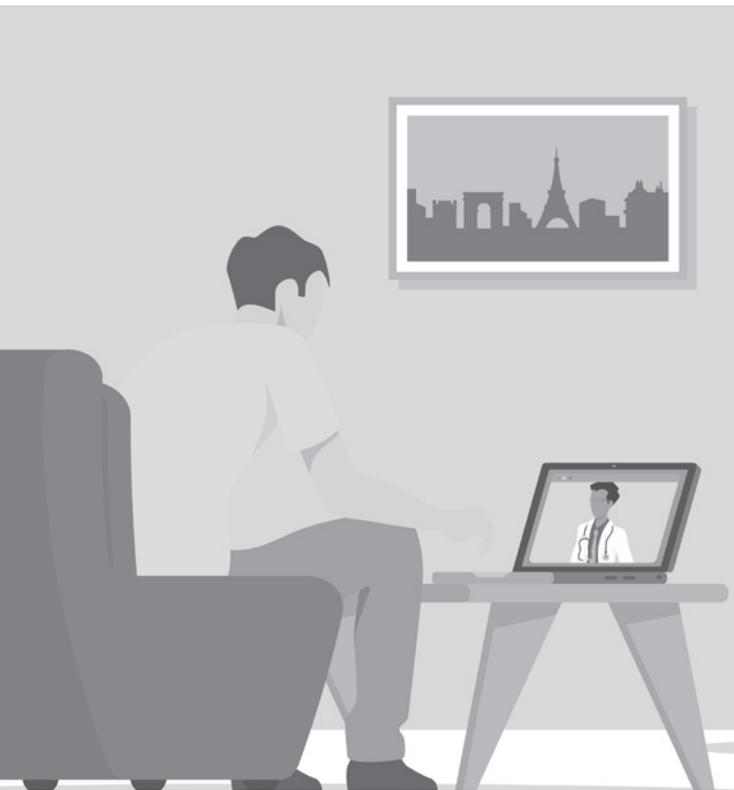
An expert coach can guide you

If you need one-on-one support to reach your goals, connect with a coach by phone, text or email. They'll lift you up, cheer you on and help you master your new skills.



Your personal details are private

Just like with face-to-face therapy, your personal results, program progress and messages with your coach will not be shared with your employer.



Check out the programs included at no added cost through your Blue Cross and Blue Shield of Illinois (BCBSIL) plan:

1. Log in at **bcbsil.com**.
2. Click **Wellness**.
3. Choose **Digital Mental Health**.

Or tap **Digital Mental Health** in the BCBSIL App.

Register a Minor

BCBSIL members 13 to 17 years old can also use the programs. Once you've logged in to Learn to Live using the steps above, go the **Resources** tab. Then find the **Register a Minor** link to send your teen a registration email.

1. Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.

2. <https://www.cdc.gov/mentalhealth/learn/index.htm>

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Illinois. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.



Experience a New Kind of Wellness — Log In to the Well onTarget® Portal

Well onTarget is designed to give you the support you need to make healthy lifestyle choices — and reward you for your hard work.

Member Wellness Portal

The Well onTarget Wellness Portal uses the latest technology to give you the tools you need for better health. Your wellness journey begins with a suggested list of activities based on the information you provided in the Health Assessment.*

Well onTarget®

Now you have a step-by-step plan to guide you on the way to living your best life.

The suite of programs and tools include:

- **Digital Self-management Programs:** Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more!
- **Health and Wellness Library:** The health library has useful articles, podcasts and videos on health topics that are important to you.
- **Blue PointsSM Program:**** Earn points for wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.
- **Tools and Trackers:** These interactive resources help keep you on track while making wellness fun.
- **Health Assessment:** Answer some questions to learn more about your health and receive a personal wellness report.
- **Fitness and Nutrition Tracking:** Get Blue Points for tracking activity with popular devices and mobile apps.
- **Personal Challenges:** Join a personal challenge to help you reach your goals. There are over 30 challenges, so you can choose the best one to fit your wellness journey. Topics include stress, sleep, physical activity and more!

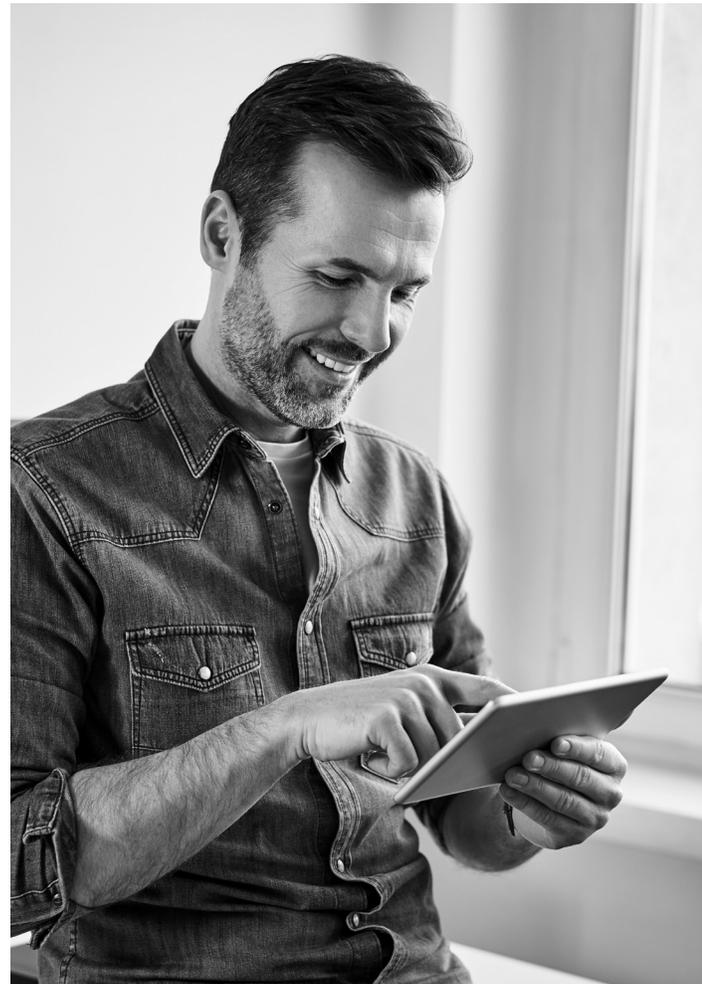
How to Access the Portal

Use your Blue Access for MembersSM (BAMSM) account:

- Log in to BAM at bcbsil.com/member. If this is your first time logging in, you will need to register your account. Click **Create an Account** on the login screen.
- Once you are in BAM, click on the **Wellness tab**. Then click on Visit Well onTarget and you will be taken to the Well onTarget portal.

Questions?

If you have any questions about Well onTarget, call Customer Service at **877-806-9380**.



Log in to the Well onTarget Member Wellness Portal today!

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

**Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.



Live Well with the Well onTarget Member Wellness Portal

The Well onTarget® Member Wellness Portal at wellontarget.com provides you with tools to help you set and reach your wellness goals. The portal is user-friendly, so you can find everything you need quickly and easily.

Explore Your Wellness World

When you log in to your portal, you will find a wide variety of health and wellness resources, including:

- The Health Assessment (HA)
- Self-Management Programs
- Health trackers
- Trusted news and health education content

See Your Stats in a Flash

Everything you want to see quickly is on your dashboard. The dashboard shows all of your Well onTarget programs. You can see where you are today compared with where you were when you started. You can also read the latest health news, check your activity progress and more.

Take a Snapshot of Your Health

The HA asks you questions about your health and habits.¹ 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.

Well onTarget®

Blue PointsSM Program²

Small rewards may motivate you to make positive changes to meet your wellness goals. With Well onTarget, you can earn Blue Points for making healthy choices. If you enroll in the Fitness Program or take your HA, you earn points.³ You can also earn points when you achieve milestones in the Self-Management Programs. Redeem your Blue Points in the online shopping mall, which offers a wide variety of merchandise.⁴

Health Tools and Trackers

Knowing what you eat and how much you work out can help you reach your goals. But keeping track of all you do can be time-consuming. To make it easy, the portal has trackers that let you record how much sleep you get, your stress levels, your blood pressure readings and your cholesterol levels.

The portal also offers a symptom checker. When you don't feel well, this tool can help you decide if you should see a doctor.

Self-Management Programs

These programs consist of:

1. Interactive programs with learning activities and content that focus on behavioral changes to reinforce healthier habits.
2. Educational programs that inform about symptoms, treatment options and lifestyle changes.

These two learning methods allow you to study on your own time and may help you get to the next level of wellness. Topics include nutrition, weight management, physical activity, stress management, tobacco cessation and more.

Fitness Tracking

Earn Blue Points for tracking your fitness activity using popular fitness devices and mobile apps.



Take Wellness on the Go

Check out the Well onTarget AlwaysOn Wellness mobile app, available for iPhone[®] and Android[™] smartphones. It can help you work on your wellness goals — anytime and anywhere.

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.
2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.
3. This does not apply to points you earn for completing Fitness Program activities.
4. 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.

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



Are You Living a Healthy Lifestyle?

Take the Health Assessment and Find Out

Answer a few questions to get your wellness report.

By keeping track of your goals and monitoring your current health status, you have a greater chance of seeing those goals through to completion. Your Health Assessment is the suggested starting point once you've registered on the portal. See logon instructions on page two.

Can you spare some time for your health?

It's easy. You'll be asked a variety of basic lifestyle questions. Share some details about your diet, exercise, sleep and other daily activities.¹

You'll get feedback immediately.

Discover your healthiest habits along with top risks and strengths revealed in your Personal Wellness Report.

You can explore helpful tips, strategies and personalized digital tools to jump start your health journey.

After you log in, watch the Welcome video to learn more about the portal and valuable resources including: self-management programs, fitness and nutrition device integration, personal challenges and more.

You'll stay motivated by tracking your progress using the health trackers and self-progress check-in tools to help reach your personal health goals.

Well onTarget®

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

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

Get started today.

You can earn 2,500 Blue Points^{SM2} for taking your HA. With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall, which provides a wide variety of merchandise. Follow these simple steps to get started:

- 1. Visit wellontarget.com and log in.** If you have an existing Blue Access for MembersSM (BAMSM) 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, you'll answer 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. You can take the HA twice a year to check your progress and earn Blue Points.



Take Your Health Assessment on the Go

Check out the Well onTarget mobile app (AlwaysOn), available for iPhone[®] and Android[™] smartphones. You can complete your HA and work on your health and wellness goals — anytime and anywhere.



What should I do with my results?

After completing the HA, you will receive a confidential Personal Wellness Report. This can show you how you are doing currently and where and how you can improve.

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.

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

² 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.

AlwaysOn is owned and operated by Onlife Health Inc. an independent company that provides digital health management for members with coverage through Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas. No endorsement, representations or warranties regarding third-party vendors and the products and services offered by them are being made.



Experience Wellness Your Way

Well onTarget® gives you the tools and resources to create your personal journey — no matter where you may be on your path to 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 links you to a suite of inviting programs and tools.

- **Health Assessment (HA)¹:** The HA presents a series of questions to learn more about you. After you take the HA, you will get a personal and confidential wellness report. The 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. If you choose, you can share this report with your health care provider.
- **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.

Start experiencing the wellness portal today. Go to wellontarget.com.

Well onTarget®

*Members can use their Blue Access for MembersSM credentials to access the wellontarget.com site.

- **Online Wellness Challenges:** Challenge yourself to meet your wellness goals.
- **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 and wellness content:** Reader-friendly articles about conditions and medicines.

Fitness Program

Fitness can be easy, fun and affordable. The Fitness Program gives you unlimited access to a nationwide network of more than 10,000 fitness locations. You can visit locations while you're on vacation or traveling for work.

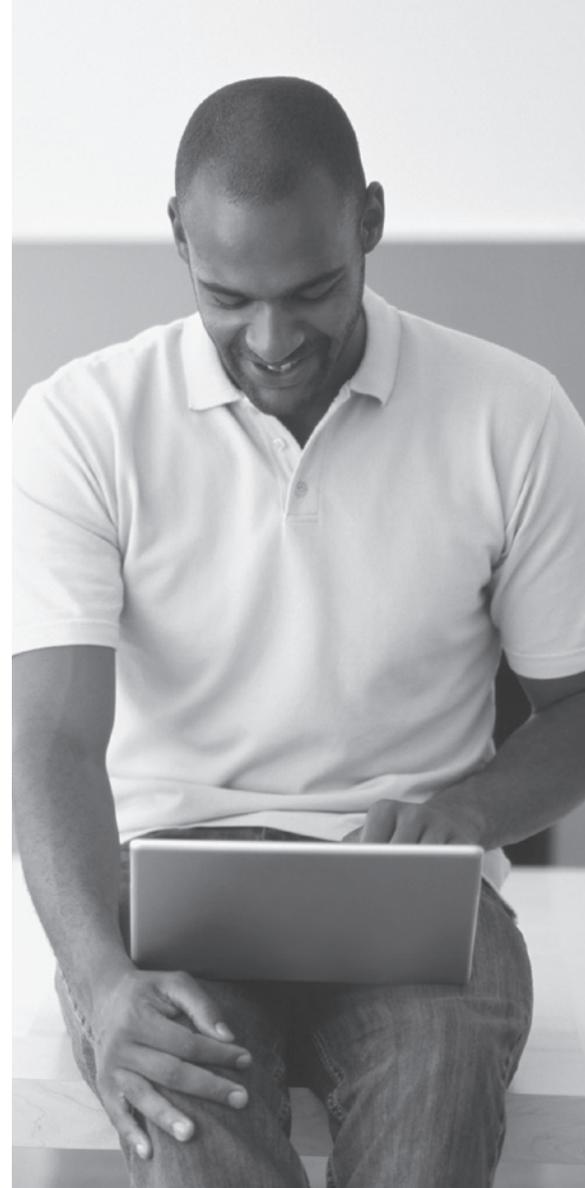
Other program perks include:

- **No long-term contract:** Membership is month to month. Flexible plans from \$19 to \$99 per month and studio classes are available.²
- **Convenient payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.
- **Web resources:** You can go online to search for locations and track your visits.
- **Complementary and Alternative Medicine (CAM):** Discounts Through the Whole Health Living Choices Program, a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. Register at whlchoices.com³.

It's easy to join the Fitness Program! Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m. CT (6 a.m. and 6 p.m. MT).

Wellness Program Questions?

Call Customer Service at **877-806-9380**.



Take Wellness on the Go

Check out the AlwaysOn Wellness mobile app, available for iPhone® and Android™ smartphones. It can help you work on your health and wellness goals — anytime and anywhere.

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

2. Taxes apply. Individuals must be at least 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."

3. Not available in Montana or Oklahoma.

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.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue365

A Discount Program for You



Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Illinois (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 preauthorizations. 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 Vision®

You can 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™ | Start Hearing

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

Dental SolutionsSM

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Sun Basket | Nutrisystem®

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

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



Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit 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.

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements.

Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 30% off a monthly plan on any Live Online Personal Training.

eMindful

Get up to a 50% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

**For more great deals or to
learn more about Blue365,
visit blue365deals.com/bcbsil.**

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 \$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 your health plan. You should check your benefit booklet or call the customer service number on the back of your 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 given only through vendors that take part in this program and may be subject to change. 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.



Blue365[®]

EyeMed Vision Discount Program

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to offer you a vision discount program through EyeMed Vision Care.

What?

The EyeMed Vision Discount through Blue365 offers savings on eyeglasses, contact lenses, eye exams, accessories and laser vision correction. See the back page for a full list of discounts.

Who?

The EyeMed network consists of major national and regional retail locations, such as LENSRAFTERS[®], PEARLE VISION[®], Target Optical[®], as well as independent ophthalmologists and optometrists. Additionally, you may go online to in-network providers at [contactsdirect.com](https://www.contactsdirect.com).

Where?

Visit [eyemedexchange.com/blue365](https://www.eyemedexchange.com/blue365), click Find a Provider and begin your search. Be sure the Advantage network is selected.

For more information about Blue365, log in to Blue Access for MembersSM (BAMSM) at [bcbsil.com](https://www.bcbsil.com). Click the **Wellness** tab at the top.

Referral?

You don't need a referral. Simply visit any EyeMed provider and show your BCBSIL medical ID card.

Program Features

- Discounts on vision care services and materials
No limit to the number of times the member can receive discounts on purchases
- Access to large provider network
- Convenient evening and weekend hours

Note: This is not insurance. When contacting EyeMed or any retailer or provider in the EyeMed Advantage network, be sure to refer to the discount program.

See all the Blue365 deals and learn more at [blue365deals.com/BCBSIL](https://www.blue365deals.com/BCBSIL).

EyeMed Vision Discounts

Vision Care Services	Cost
Exam with dilation as necessary:	\$50 routine exam \$10 off contact lens fit and follow-up
Complete Pair of Glasses Purchase: frame, standard plastic lenses, and lens options must be purchased in the same transaction to receive full discount	
Frames*	
Any frame available at provider location	35% off retail price
Standard Plastic Lenses*	
Single-vision	\$50
Bifocal	\$70
Trifocal	\$105
Lenticular	\$105
Standard Progressive	\$135
Premium Progressive	30% off retail price
Lens Options*	
UV Coating	\$12
Tint (Solid and Gradient)	\$12
Standard Scratch-resistance	\$12
Standard Polycarbonate	\$35
Standard Anti-reflective	\$40
Other Add-ons and Services	30% off retail price
* Items purchased separately will be discounted 20% off of the retail price.	
Contact Lens Materials (applied to materials only)	
Conventional	15% off retail price
Laser Vision Correction	
Lasik or PRK	15% off retail price or 5% off promotional price
Frequency	
Examination	Unlimited
Frame	Unlimited
Lenses	Unlimited
Contact Lenses	Unlimited

**For more information, visit eyemedexchange.com/blue365
or call EyeMed's automated help line at 866-273-0813.**

Discounts are only available through participating vendors.

The relationships between Blue Cross and Blue Shield of Illinois (BCBSIL) and EyeMed are that of independent contractors.

Blue365 is a discount program available to BCBSIL members. This is NOT insurance. Some of the services offered through Blue365 may be covered under your health plan. Please refer to your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit information under your health plan. Use of Blue365 does not affect your premium, nor do costs of Blue365's services or products count toward any maximums and/or plan deductibles.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.



It's Okay to Need Help

Take care of your mental health to cope with what life brings your way.

If you struggle with thoughts or feelings that make it harder to get through your day, you're not alone. About half of people in the U.S. will experience a mental health concern at some point in their lives.¹

Care from a mental health expert can help you manage your emotions and deal with challenges.

Mental health is just as important as physical health.

Your health plan includes access to mental health care like therapy and medicines that might help. You and your family members can get support for issues such as:

- Depression
- Anxiety and panic attacks
- Substance use
- Attention deficit (ADHD/ADD)
- Autism
- Bipolar
- Eating disorders

Your journey is one-of-a-kind.

Whether you need support to get through everyday life or a major crisis, seeking help is the first step to getting better.

Find a provider who can help get you where you want to be. Many offer phone or video visits for your convenience.

- 1. Go to [bcbsil.com](https://www.bcbsil.com).**
- 2. Then, click **Find Care**.**



More Resources for Your Mental Wellbeing

Digital Mental Health

Help for stress, depression, panic, resilience and other mental health concerns is just a click away. Confidential online programs are available through Learn to Live² at no added cost to you. Log in at bcbsil.com, then go to Wellness to learn more.

Virtual Visits

Skip the waiting room — meet with an MDLIVE mental health professional from the comfort of your own home. A board-certified doctor or therapist can help with a variety of mental health concerns by phone or video. Visit MDLIVE.com/bcbsil to schedule an appointment.

Well onTarget[®]

Go to wellontarget.com to find articles, videos, tools and trackers to help you live healthy and well. Take a six-week, online course to learn to sleep better or handle stress.

When you're ready, we're here.

Taking the first step isn't easy. But you don't have to take it alone. If you're facing a mental health issue, we have experts who can help you learn about your condition and treatment options. Your personal health details won't be shared with your employer. We can also help you find a provider and understand your mental health benefits.

Don't be afraid to reach out — call the Customer Service or behavioral health number on the back of your member ID card.

Centers for Disease Control and Prevention, 2022. cdc.gov/mentalhealth/learn/index.htm

Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.

The Behavioral Health program is available only to those members whose health plans include behavioral health benefits through Blue Cross and Blue Shield of Illinois. Check your benefit booklet, ask your group administrator or call the Customer Service number on the back of your member ID card to verify that you have these services. Member communications and information from the program are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors or behavioral health specialist to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers.

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE[®] and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission. Blue Cross[®], Blue Shield[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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Prepare for Your Life-Changing Journey

Women's and Family Health Pregnancy, Parenting and Menopause Support

Wherever you are in your journey, Blue Cross and Blue Shield of Illinois (BCBSIL) is here to support you at no extra cost.

- **Ovia Health™** apps are for tracking your cycle, pregnancy, parenting and menopause support. The apps are available in English and Spanish*, and provide videos, tips, coaching and more.
 - **Ovia:** Track your cycle, predict when you are more likely to get pregnant or receive menopause support when the time comes.
 - **Ovia Pregnancy:** Monitor your pregnancy and baby's growth week by week leading up to your baby's due date.
 - **Ovia Parenting:** Keep up with your child's growth and milestones.
- **Well onTarget®** has self-guided courses about pregnancy that you can take online, covering topics such as healthy foods, body changes and labor.

Plus, if your pregnancy is high-risk, BCBSIL will provide support from maternity specialists to help you care for yourself and your baby. Having a baby changes everything, so use these tools to help you get ready.



Download any of the Ovia Health apps from the Apple App

Store or Google Play. During sign-up, make sure to choose "I have Ovia Health as a benefit." Then select BCBSIL as your health plan and enter your employer name (optional). Also, visit wellontarget.com to explore our online courses. Please call 888-421-7781 if you have questions or want to learn more.

Ovia Health is an independent company that provides maternity and family benefits solutions for Blue Cross and Blue Shield of Illinois. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

*To access the Spanish version of the Ovia, Ovia Pregnancy and Ovia Parenting apps, you must select "Español" as the language preference in your mobile phone or device settings.



Adult Wellness Guidelines

Making Preventive Care a Priority



Adult Health – for ages 19 and over

Preventive care is very important for adults. By making some good, basic health choices, women and men can boost their health and well-being. Some of these positive choices include:

- Eat a healthy diet
- Get regular exercise
- Don't use tobacco
- Limit alcohol use
- Strive for a healthy weight

Screenings	
Weight	Every visit or at least annually
Body Mass Index (BMI)	Every visit or at least annually
Blood Pressure (BP)	Every visit or at least annually
Cholesterol	Adults 40 to 75 years of age should be screened; or adults 20 to 39 years old who have risk for coronary heart disease. Talk with your health care provider* about the starting and frequency of screening that is best for you.
Colon Cancer Screening	Adults age 45-75 for colorectal cancer using: Guaiac Fecal Occult Blood Test (gFOBT) annually or; Fecal Immunochemical Testing (FIT) annually or; Fecal Immunochemical Testing (FIT)-DNA every 1-3 years or; Flexible sigmoidoscopy every 5 years or; Flexible sigmoidoscopy every 10 years with FIT annually or; Colonoscopy every 10 years or; CT Colonography every 5 years.** The risks and benefits of different screening methods vary. For details about pharmacy benefit coverage, call the number on the back of your Member I.D. card.
Diabetes Screening	Those with high blood pressure should be screened. Those who are overweight or have cardiovascular risk factors should be screened. All others should be screened starting at age 45.**
Hepatitis C (HCV) Screening	Once for adults age 19-79. Most adults need to be screened only once. Persons with continued risk for HCV infection (eg, PWID) should be screened periodically; and persons at high risk for infection
HIV Screening	Adults ages 19 to 65, older adults at increased risk and all pregnant women should be screened. Those 26-45 years of age, should discuss their options with their health care provider.

* A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

** Recommendations may vary. Discuss the start and frequency of screenings with your health care provider, especially if you are at increased risk.

Adult Health

Men and women are encouraged to get care as needed, make smart choices and make regular screenings a priority. That includes following a healthy lifestyle and getting recommended preventive care services. If everyone follows a game plan for better overall health, they'll be more likely to win at wellness.

In addition to the services listed in the Adult Health section, you should also discuss the recommendations shown in the chart to the right with your health care provider.

Immunizations (Vaccines)	
Tetanus Diphtheria Pertussis (Td/Tdap)	Get Tdap vaccine once, then a Td booster every 10 years
Influenza (Flu)	Yearly
Human Papillomavirus (HPV)	All Adults age 19-26, 2 or 3 doses depending on age at time of initial vaccination if not already given.** Those 27-45 should discuss options with their health care provider.
Herpes Zoster (Shingles)	Two doses of RZV starting at age 50, or one dose of ZVL at age 60 or over. Discuss your options with your health care provider.*
Hepatitis B (Hep B)	2, 3, or 4 doses depending on vaccine or condition beginning at age 19-59. Discuss your options with your health care provider.*
Varicella (Chicken Pox)	2 doses beginning at age 50.
Pneumococcal (Pneumonia)	Ages 65 and over, one dose of PCV 15 followed by PPSV 23 OR one dose of PCV 20. Discuss your options with your health care provider.*
Measles, Mumps, Rubella (MMR)	1 or 2 doses for adults born in 1957 or later who have no evidence of immunity
COVID-19 Vaccine	The CDC recommends adults get the COVID-19 vaccine. Talk to your health care provider or pharmacist about the COVID-19 vaccine and when you should get it.
Women's Recommendations	
Mammogram	At least every 2 years for women ages 50 to 74 Ages 40 to 49 should discuss the risks and benefits of screening with their health care provider
Cervical Cancer Screening	Women ages 21 to 65: Pap test every 3 years Another option for ages 30 to 65: Pap test with HPV test every 5 years Women who have had a hysterectomy or are over age 65 may not need a Pap test*
Osteoporosis Screening	Women who are at an increased risk for osteoporosis should be screened at ages 65 and older.
Intensive Behavioral Counseling	All sexually active individuals (12 years old and above) who are at increased risk for sexually transmitted infections (STIs).
Men's Recommendations	
Prostate Cancer Screening	Discuss the benefits and risks of screening with your health care provider.**
Abdominal Aortic Aneurysm	Have an ultrasound once between ages 65 to 75 if you have ever smoked.
Intensive Behavioral Counseling	All sexually active individuals (12 years old and above) who are at increased risk for sexually transmitted infections (STIs).

Learn more. Additional sources of health information include:

- ahrq.gov/patients-consumers/prevention/index.html
- cancer.org/healthy/index
- cdc.gov/healthyliving/

You probably don't hesitate to ask your health care provider about nutrition and exercise, losing weight and stopping smoking. Other topics for discussion may include:

- Dental health
- Problems with drugs or alcohol
- Sexual behavior and sexually transmitted diseases
- Feelings of depression
- Domestic violence
- Accident/injury prevention
- Preventing falls, especially for ages 65 and over

* Recommendations may vary. Discuss screening options with your health care provider, especially if you are at increased risk.

The recommendations provided in the table are based on information from organizations such as the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American Cancer Society and the United States Preventive Services Task Force. The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individualized advice on the recommendations provided.

** Coverage for preventive care services at no cost share may vary depending on your specific benefit plan and use of network providers.
For questions, please call the Customer Service number on the back of your ID card.



Good health is a gift anyone would wish for a child, but it doesn't happen without your help.

Some things you can do to help keep your child well:

- Introduce good nutrition at an early age and be a good role model
- Encourage lots of play and physical activity
- Keep up with recommended vaccines

Blue Cross and Blue Shield of Illinois (BCBSIL) wants your child to be well.

Children's Wellness Guidelines

Laying the Groundwork for a Healthy Tomorrow

Children's Health

Put your child on the path to wellness. Schedule a yearly Well Child visit with your child's health care provider* following immunization guidelines. The health care provider will watch your child's growth and progress and should talk with you about eating and sleeping habits, safety and behavior issues.

According to the Bright Futures recommendations from the American Academy of Pediatrics, the provider should:

- Check your child's Body Mass Index percentile regularly beginning at age 2
- Check blood pressure yearly, beginning at age 3
- Screen hearing at birth, then yearly from ages 4 to 6, then at ages 8 and 10
- Test vision yearly from ages 3 to 6, then at ages 8, 10, 12, and 15

Help protect your child from sickness. Make sure they get the recommended vaccinations shown in the charts. If your child has missed vaccinations, ask your health care provider how to catch up.

Learn more. An additional source of health information is available at [healthychildren.org](https://www.healthychildren.org).

Please note: These recommendations are for healthy children who don't have any special health risks. Take time to check the following summaries of key preventive services.

*A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

Be sure your child is up-to-date on immunizations and health screenings.

Routine Children's Immunization Schedule¹

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	11/2 - 3 years	4 - 6 years
Hepatitis B (HepB)	●	●								
Rotavirus (RV) RV1 (2 Dose Series); RV 5 (3 Dose Series)			●	●	●	3 dose series				
Diphtheria Tetanus and Pertussis (DTaP)			●	●	●			●		●
Haemophilus Influenzae Type B (Hib)			●	●	●	●				
Pneumococcal Conjugate (PCV)			●	●	●	●				
Inactivated Polio Vaccine (IPV)			●	●		●				●
Influenza (Flu)					●	Recommended yearly starting at age 6 months with 2 doses given the first year				
Measles, Mumps and Rubella (MMR)						●				●
Varicella (Chicken pox)						●				●
Hepatitis A (HepA)						●	First dose: 12 to 23 months Second dose: 6 to 18 months later		●	

● One dose ■ Shaded areas indicate the vaccine can be given during shown age range.

Adolescents

As your children grow into adolescents, they should continue yearly preventive care visits for exams and scheduled immunizations. These visits give the health care provider a chance to:

- Discuss the importance of good eating habits and regular physical activity.
- Talk about avoiding alcohol, smoking and drugs.
- Screen for sexual activity and sexually transmitted diseases as appropriate.
- Screen for HIV between the ages of 15 and 18, or earlier if at increased risk.

Recommended Immunizations for ages 7 to 18¹

Vaccine	7 - 10 years	11 - 12 years	13 - 15 years	16 years	17 - 18 years
Tetanus Diphtheria Pertussis (Tdap)		●			
Human Papillomavirus (HPV) - boys and girls		●	2 doses		
Meningococcal (MenACWY)		●		●	
Influenza (Flu)	Yearly				

1. These recommendations come from the Centers for Disease Control and Prevention and the American Academy of Pediatrics (cdc.gov/vaccines/hcp/acip-recs/index.html). The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individual advice on the recommendations provided.

Coverage for preventive services may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card.

Blue Cross and Blue Shield of Illinois (BCBSIL) is required to provide you a HIPAA Notice of Privacy Practices as well as a State Notice of Privacy Practices. The HIPAA Notice of Privacy Practices describes how BCBSIL can use or disclose your protected health information and your rights to that information under federal law. The State Notice of Privacy Practices describes how BCBSIL can use or disclose your nonpublic personal financial information and your rights to that information under state law. Please take a few minutes and review these notices. You are encouraged to go to the Blue Access for Members (BAM) portal at BCBSIL.com to sign up to receive these notices electronically. Our contact information can be found at the end of these notices.

HIPAA NOTICE OF PRIVACY PRACTICES – Effective 9/23/13

YOUR RIGHTS. When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records	<ul style="list-style-type: none"> You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice. We will provide a copy or a summary of your health and claims records usually within 30 days of the request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	<ul style="list-style-type: none"> You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this by using the contact information at the end of this notice. We may say “no” to your request. We’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none"> You can ask us to contact you in a specific way or to send mail to a different address. Ask us how to do this by using the contact information at the end of this notice. We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none"> You can ask us not to share or use certain health information for treatment, payment or our operations. Ask how to do this by using the contact information at the end of this notice. We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> You can ask for a list (accounting) for six years prior to your request date of when we shared your information, who we shared it with and why. Ask us how to do this by using the contact information at the end of this notice. We will include all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but we may charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this Notice	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To request a copy of this notice, use the contact information at the end of this notice and we will send you one promptly.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices for you. We confirm this information before we release them any of your information.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your privacy rights by using the contact information at the end of this notice.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775; or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES. For certain health information, you can tell us your choices about what we share.

If you have a clear preference on how you want us to share your information in the situations described below, tell us and we will follow your instructions. Use the contact information at the end of this notice.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster or relief situation
- Contact you for fundraising efforts

If there is a reason you can't tell us who we can share information with, we may share it if we believe it is in your best interest to do so. We may also share information to lessen a serious or imminent threat to health or safety.

We never share your information in these situations unless you give us written permission

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES. How do we use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
Example: We use health information to develop better services for you.

We can't use any genetic information to decide whether we will give you coverage except for long-term care plans.

Pay for your health Services

- We can use and disclose your health information since we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration purposes.
Example: If your company contracts with us to provide a health plan, we may provide them certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information go to:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- | | |
|--|---|
| Help with public health and safety issues | <ul style="list-style-type: none"> • We can share your health information for certain situations such as: <ul style="list-style-type: none"> - Preventing disease - Helping with product recalls - Reporting adverse reactions to medications - Reporting suspected abuse, neglect or domestic violence - Preventing or reducing a serious threat to anyone's health or safety |
| Do research | <ul style="list-style-type: none"> • We can use or share your information for health research. |
| Comply with the law | <ul style="list-style-type: none"> • We will share information about you when state or federal law requires it, including the Department of Health and Human Services if they want to determine that we are complying with federal privacy laws. |
| Respond to organ/tissue donation requests and work with certain professionals | <ul style="list-style-type: none"> • We can share health information about you with an organ procurement organization. • We can share information with a medical examiner, coroner or funeral director. |
| Address workers compensation, law enforcement, and Other government requests | <ul style="list-style-type: none"> • We can use or share health information about you: <ul style="list-style-type: none"> - For workers compensation claims - For law enforcement purposes or with a law enforcement official - With health oversight agencies for activities authorized by law - For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates. |
| Respond to lawsuits And legal actions | <ul style="list-style-type: none"> • We can share health information about you in response to an administrative or court order, or in response to a subpoena. |
| Certain health information | <ul style="list-style-type: none"> • State law may provide additional protection on some specific medical conditions or health information. For example, these laws may prohibit us from disclosing or using information related to HIV/AIDS, mental health, alcohol or substance abuse and genetic information without your authorization. In these situations, we will follow the requirements of the state law. |

OUR RESPONSIBILITIES. When it comes to your information, we have certain responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.

You may change your mind at any time. Let us know in writing if you change your mind.

Additional information about your Privacy Rights can be found @ <https://www.hhs.gov/hipaa/>

STATE NOTICE OF PRIVACY PRACTICES – Effective 9/23/13

Blue Cross and Blue Shield of Illinois (BCBSIL) collects nonpublic personal information about you from your insurance application, healthcare claims, payment information and consumer reporting agencies. BCBSIL:

- **Will not** disclose this information, even if your customer relationship with us ends, to any non-affiliated third parties except with your consent or as permitted by law.
- **Will** restrict access to this information to only those employees who perform functions necessary to administer our business and provide services to our customers.
- **Will** maintain security and privacy practices that include physical, technical and administrative safeguards to protect this information from unauthorized access.
- **Will** only use this information to administer your insurance plan, process your claims, ensure proper billing, provide you with customer service and comply with the law.

BCBSIL is able to share this information with certain third parties who either perform functions or services on our behalf or when required by law. These are some examples of third parties that we can share your information with:

- Company affiliates
- Business partners that provide services on our behalf (claims management, marketing, clinical support)
- Insurance brokers or agents, financial services firms, stop-loss carriers
- Regulatory agencies, other governmental entities and law enforcement agencies
- Your Employer Group Health Plan

You have a right to ask us what nonpublic financial information that we have about you and to request access to it.

CHANGES TO THESE NOTICES

We have the right to change the terms of these notices, and the changes we make will apply to all information we have about you. The new notices will be available upon request or from our website. We will also mail a copy of the new notices to you as required by law.

CONTACT INFORMATION FOR THESE NOTICES

If you would like general information about your privacy rights or would like a copy of these notices, go to: www.bcbsil.com/important-info/hipaa

If you have specific questions about your rights or these notices, contact us in one of the following ways:

- Call us by using the toll-free number located on the back of your member identification card.
 - Call us at 1-877-361-7594.
 - Write us at Privacy Office Divisional Vice President
Blue Cross and Blue Shield of Illinois
P.O. Box 804836
Chicago, IL 60680-4110
-

REVIEWED: January 2020

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
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>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

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 تساعدك أسئلة، ف لديك 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 એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાયકમ 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 जिसको 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 काल 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 ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídiłkídgo, ts'ídá bee ná ahóótí'i' t'áá níík'e níká a'doolwoł dóó bína'ídiłkídígíí 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.



BlueCross BlueShield
of Illinois

Group Enrollment Application | Change Form

Please read the instructions on the inside thoroughly before completing this enrollment application/change form.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association Life and Disability insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS,® BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

ENROLLMENT APPLICATION/CHANGE FORM INSTRUCTIONS

PLEASE READ THOROUGHLY BEFORE COMPLETING ENROLLMENT APPLICATION/CHANGE FORM
Use a black or blue ballpoint pen only. Print neatly. Do not abbreviate.

SECTION 1 ENROLLMENT EVENTS	<p>Check all the boxes that apply to indicate if you are a new enrollee or if you are requesting a change to your coverage. Indicate the event and date, if applicable. Complete the additional sections that correspond to your selection.</p> <p>New Enrollee: Complete all sections where applicable.</p> <p>Add Dependent: Complete all sections where applicable.</p> <ul style="list-style-type: none"> If you are applying for coverage for a disabled dependent over the age limit of your employer's plan, please provide the additional information requested in Section 5. Additional documentation may be required as addressed in that section. If your employer offers coverage for children and your children are eligible, your children are eligible for health and/or dental coverage up to the dependent limiting age and may not be denied coverage due to marital, student or employment status before age 26 (check with your employer for additional details regarding eligibility requirements). In addition, eligible military personnel may not be denied coverage before age 30 under Illinois law. If you are adding an eligible military personnel dependent who is over the age limit of the employer's plan, completion of a Defense Department Form (DD 214) is required in addition to this application. <p>Open Enrollment: The period of time offered on a regular basis during which you can elect to enroll in a specific group health insurance plan or make changes to your current membership.</p> <p>Special Enrollment Event: If you qualify, special enrollment is any change to your current membership such as marriage*, divorce**, adoption, suit for adoption or placement for adoption, leave/layoff, moving out of the service area, etc. This change may occur outside of open enrollment.</p> <p>Effective Date of Benefits: Field is mandatory and should reflect your requested date.</p> <p>Completion of Other Eligibility Requirements: Check this box only if your employer has eligibility requirements that you have met/completed prior to enrollment, such as measurement period or orientation period.</p> <p>Cancel Enrollee/Cancel Dependent/Cancel Coverage: Complete Sections 1, 2, 4 (skip Section 4 if declining coverage), 8 and 9. In Section 4 include name, social security number and date of birth of individual(s) canceling.</p>
SECTION 2 YOUR INFORMATION	<p>Complete this section with details about yourself even if you are declining coverage.</p>
SECTION 3 YOUR COVERAGE	<p>Complete all portions related to the coverages for which you are applying. Please list the seven character plan ID for your selected benefit design (example: S533PPO) in the plan # field. If you are unsure of your group size or do not know your plan ID, please ask for guidance from your employer.</p> <p>If you are enrolling for life or disability insurance enter the information requested. When listing the beneficiary, provide both the first and last name and the relationship to you. List all beneficiaries that apply.</p>
SECTION 4 COVERAGE OPTIONS	<p>Complete all areas that apply to you and each dependent.</p> <p>For HMO Plans Only:</p> <ul style="list-style-type: none"> Those applying for HMO coverage are required to select a primary care physician/practitioner (PCP) for each covered individual. List the name of the physician/practitioner and the provider number from the provider directory or Provider Finder® at bcsil.com. Be sure to check the appropriate box for a new patient. If you selected HMO coverage, you must select a medical group/individual practice associations (IPAs) and a primary care physician (PCP) for each person to be covered. You must also select a PCP within the selected medical group/IPA for each person to be covered. You may choose a different medical group/IPA for each person. Care received from a woman's principal health care provider (WPHCP) may be eligible for coverage without referrals from your PCP. However, your PCP and your WPHCP must be affiliated with or employed by your medical group/IPA in order for each person to be eligible for coverage. Until we receive your selected medical group/IPA, you may not be eligible and your claims may be denied. Be sure to enter the medical group/IPA number, name, PCP number and name. If you are adding an eligible military personnel dependent who is over the age limit of your employer's plan, completion of a Defense Department Form 214 (DD 214) is required in addition to this application. <p>Change Primary Care Physician/Practitioner: Complete Section 1 and check the "Other Change(s)" box; then, complete Sections 2, 3, 4 and 9. In Section 4, please include enrollee's or dependent's name, social security number, date of birth, name and number of the new PCP and the name and number of the new IPA.</p> <p>Change Address/Name: Complete Section 1 and check the "Other Change(s)" box; then, complete Sections 2 and 9.</p>
SECTION 5 DISABLED DEPENDENT	<p>A disabled dependent must be medically certified as disabled and dependent upon you or your spouse***/domestic partner in order to be considered for coverage if dependent coverage is part of your employer's plan. The disabled dependent is required to be covered prior to age 26 to be eligible for coverage over the dependent child age limit of your employer's plan. A Disabled Dependent Authorization and Disabled Dependent Physician Certification document must be completed and submitted with this enrollment application, if applicable.</p>
SECTION 6 OTHER COVERAGE	<p>Complete this section if you or any dependent have other group or individual health and/or dental coverage (if applicable) that will not be canceled when the coverage under this application becomes effective.</p>
SECTION 7 MEDICARE COVERAGE	<p>Complete this section if you or any of your dependents are covered by Medicare. Enter the start and end dates for the coverage that applies. Your Medicare HIC number must be listed (it can be found on your Medicare ID card). Check the reason for your Medicare coverage.</p>
SECTION 8 DECLINATION OF COVERAGE	<p>Complete this section if you are declining health coverage for yourself and your dependents. Anyone declining coverage for any reason should complete Section 8, not just those declining because of other coverage.</p> <p>IMPORTANT NOTICE: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health care coverage, you may, in the future, be able to enroll yourself or your dependents in the plan if you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, party to a civil union, birth, adoption, becoming a party in a suit for adoption, or placement of a foster child in your home, you may be able to enroll yourself and your dependents if you request enrollment within 31 days after the marriage, birth, adoption, suit for adoption or placement for adoption, or placement of an eligible foster child in your home.</p>
SECTION 9 COVERAGE CONDITIONS	<p>Sign your name and date the enrollment application if you agree to the conditions set forth in this section. Your enrollment application should be submitted to your employer's Enrollment Department, which will then submit your form to BCBSIL.</p> <p>As used on the application (unless indicated otherwise): These terms may be used in a different way in other documents.</p> <p>* The term "marriage" includes legal marriage and the establishment of a civil union or domestic partnership (coverage subject to your employer's plan).</p> <p>** The term "divorce" includes legal divorce and the comparable termination of a civil union or domestic partnership (coverage subject to your employer's plan).</p> <p>*** The term "spouse" includes a legal spouse and a party to a civil union or domestic partnership (coverage subject to your employer's plan).</p>

Changes in state or federal law or regulations, or interpretations thereof, may change the terms and conditions of coverage.

If you are a current member and have questions, you may call the Customer Service number on the back of your member ID card.

ENROLLMENT APPLICATION/CHANGE FORM



Group #

Section #

Social Security #

Account #

Category

SECTION 1 — ENROLLMENT EVENTS		PLEASE CHECK ALL THAT APPLY – IF YOU ARE DECLINING COVERAGE, COMPLETE SECTIONS 2, 8 AND 9 ONLY	
<input type="checkbox"/> New Enrollee <input type="checkbox"/> Add Dependent <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Other Changes Are you applying as a result of a Special Enrollment Event? <input type="checkbox"/> No <input type="checkbox"/> Yes, Event Date: ____/____/____ Event: <input type="checkbox"/> New Hire <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption, Placement for Adoption or Suit for Adoption (provide legal documents) <input type="checkbox"/> Court Order (provide court order or decree) <input type="checkbox"/> Loss of Other Coverage <input type="checkbox"/> Other (explain): _____ Effective Date of Benefits: ____/____/____ <input type="checkbox"/> Completion of Other Eligibility Requirements		<input type="checkbox"/> Cancel Enrollee <input type="checkbox"/> Cancel Dependent Cancel Coverage: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Term Life <input type="checkbox"/> Dependent Life <input type="checkbox"/> Short-Term Disability <input type="checkbox"/> Long-Term Disability List names of those canceling in Section 4 below Event: <input type="checkbox"/> Divorce** <input type="checkbox"/> Death <input type="checkbox"/> Terminated Employment <input type="checkbox"/> Other Indicate Event Date: ____/____/____	

SECTION 2 — PLEASE TELL US ABOUT YOURSELF		COMPLETE EVEN IF DECLINING COVERAGE					
Last Name		First Name		MI (opt)	Suffix	Birth Date (MM/DD/YYYY)	Social Security
Mailing Address - Street - Apt #				City		State	ZIP code
Email Address				<input type="checkbox"/> Male <input type="checkbox"/> Female	Home/Cell Phone #		
Name of Employer		Job Title		Business Phone #		Employment Date (MM/DD/YYYY)	On average, how many hours a week do you work? (required)
Eligibility Status: Active Employee Retired Employee - Date of Retirement: _____ COBRA Coverage Start Date _____ Projected End Date _____							
<input type="checkbox"/> Illinois Continuation (insured plans only) Start Date _____ Projected End Date _____							

SECTION 3 — SELECT YOUR COVERAGE PLEASE CHECK ALL THAT APPLY

Affordable Care Act Plans		Small Group Plans (1-50 Employees)	
<input type="checkbox"/> PPO <input type="checkbox"/> Other _____ <input type="checkbox"/> Blue Choice Preferred PPO SM <input type="checkbox"/> Blue Options SM <input type="checkbox"/> Blue Precision HMO SM <input type="checkbox"/> BlueCare Direct SM Plan # (required) _____		Grandfathered and Grandmothered/Transitional Plans <input type="checkbox"/> Blue Advantage Entrepreneur PPO SM <input type="checkbox"/> Blue Advantage HMO SM <input type="checkbox"/> Blue Choice Select PPO SM <input type="checkbox"/> Blue Advantage HMO Value Choice SM <input type="checkbox"/> BlueEdge Select HSA SM <input type="checkbox"/> Community Participation Organization (CPO) <input type="checkbox"/> BlueEdge HSA SM <input type="checkbox"/> CPO Value Choice <input type="checkbox"/> BlueEdge HCA Direct SM <input type="checkbox"/> Other _____ <input type="checkbox"/> PPO Value Choice <input type="checkbox"/> Plan # (required) _____	

Mid-Market and Large Group Standard Plans (51+ Employees)		Previous BCBSIL or HMO Membership
Mid-Market & Large Group Standard Plans 51+ <input type="checkbox"/> PPO <input type="checkbox"/> Blue Choice Options SM <input type="checkbox"/> BlueEdge Select HSA SM <input type="checkbox"/> Blue Advantage HMO SM <input type="checkbox"/> Blue Choice Select PPO SM <input type="checkbox"/> Plan # (required) _____ <input type="checkbox"/> Blue Advantage HMO Value Choice SM <input type="checkbox"/> BlueEdge HSA SM <input type="checkbox"/> Other _____		Group #: _____ Section #: _____ Identification #: _____

Large Group Custom Plans (151+ Employees)		
<input type="checkbox"/> Traditional	<input type="checkbox"/> Blue Advantage HMO SM w/HCA	<input type="checkbox"/> BlueEdge Select HSA SM
<input type="checkbox"/> PPO	<input type="checkbox"/> Blue Choice Options SM	<input type="checkbox"/> BlueEdge Select HCA Direct SM
<input type="checkbox"/> CPO	<input type="checkbox"/> Blue Choice Select PPO SM	<input type="checkbox"/> Vision
<input type="checkbox"/> CPO Value Choice	<input type="checkbox"/> BlueEdge HCA SM	<input type="checkbox"/> Hearing
<input type="checkbox"/> HMO Illinois [®]	<input type="checkbox"/> BlueEdge HSA SM	<input type="checkbox"/> Medicare Supplement
<input type="checkbox"/> HMO Illinois [®] w/HCA	<input type="checkbox"/> BlueEdge HCA Direct SM	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blue Advantage HMO SM	<input type="checkbox"/> BlueEdge Select HCA SM	

Dental		
<input type="checkbox"/> BlueCare Dental PPO SM	<input type="checkbox"/> Employee and Party to a Civil Union or Domestic Partner	<input type="checkbox"/> Individual/Employee
<input type="checkbox"/> BlueCare Dental HMO SM	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Employee/Children
<input type="checkbox"/> Dental Group # (if different than Medical Group policy #)		<input type="checkbox"/> Employee/Spouse
		<input type="checkbox"/> Family

Primary Language: _____

Group Term Life, Accidental Death and Dismemberment (AD&D) and Disability Insurance

I am not applying for Group Term Life, AD&D or Disability Insurance coverage

Employee Occupation/Job Title: _____ Wage Rate \$ _____ per hour week month year

Group Basic Term Life and AD&D I do not apply I do apply Amount \$ _____

Group Dependents' Life I do not apply I do apply

Group Supplemental Life I do not apply I do apply

Employee Election: \$ _____ Spouse Election: \$ _____ Child Election: \$ _____

Short-Term Disability I do not apply I do apply

Long-Term Disability I do not apply I do apply

Primary Beneficiary	First Name	Initial	Last Name	Relationship	Birth Date (MM/DD/YYYY)	Social Security #
Contingent Beneficiary	First Name	Initial	Last Name	Relationship	Birth Date (MM/DD/YYYY)	Social Security #

As used on the application (unless indicated otherwise); These terms may be used in a different way in other documents.
 * The term "marriage" includes legal marriage and the establishment of a civil union or domestic partnership (coverage subject to your employer's plan).
 ** The term "divorce" includes legal divorce and the comparable termination of a civil union or domestic partnership (coverage subject to your employer's plan).
 *** The term "spouse" includes a legal spouse and party to a civil union or domestic partnership (coverage subject to your employer's plan).
 Life and Disability insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148, Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee.
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 232320.0919



SECTION 8 — DECLINATION OF COVERAGE PLEASE COMPLETE IF YOU ARE DECLINING COVERAGE

This is to certify the available coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage.

Name <input type="checkbox"/> Employee	Reason for declining Health : <input type="checkbox"/> Other Group Health Coverage – Carrier: _____ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage – Carrier: _____ <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage
Name <input type="checkbox"/> Employee	Reason for declining Dental : <input type="checkbox"/> Other Group Dental Coverage <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual Dental Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage
Name <input type="checkbox"/> Spouse	Reason for declining: <input type="checkbox"/> Other Group Health Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage
Name <input type="checkbox"/> Dependent	Reason for declining: <input type="checkbox"/> Other Group Health Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage
Name <input type="checkbox"/> Dependent	Reason for declining: <input type="checkbox"/> Other Group Health Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage

SECTION 9 — COVERAGE CONDITIONS

- I am an employee or a retiree of the employer named in this enrollment application. I am eligible to participate in the coverage(s) afforded by my employer's plan, which is either underwritten or administered by Blue Cross and Blue Shield of Illinois or Dearborn Life Insurance Company. On behalf of myself and any dependents listed on this enrollment application, I apply for those coverage(s) for which I am eligible. I state that the information given on this enrollment application is true and correct. I understand and agree that any intentional misrepresentation of a material fact made by me will invalidate my coverage(s).
- Only those coverage(s) and amounts for which I am eligible will be available to me. I understand that if this enrollment application is accepted, the coverage(s) will become effective in accordance with the provisions of the Contract(s)/Plan(s).
- I agree that my employer acts as my agent. I authorize necessary payroll deduction by my employer, if any, to cover the cost of my coverage(s).
- I understand that my participation in the coverage(s) is subject to any future amendment. I also understand that all notices given to my employer are applicable to me.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Applicant's Signature _____ Date _____

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
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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	Phone: 855-664-7270 (voicemail)
300 E. Randolph St.	TTY/TDD: 855-661-6965
35th Floor	Fax: 855-661-6960
Chicago, Illinois 60601	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	Phone: 800-368-1019
200 Independence Avenue SW	TTY/TDD: 800-537-7697
Room 509F, HHH Building 1019	Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Washington, DC 20201	Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

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.

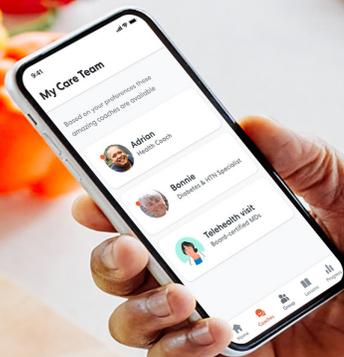
العربية Arabic	إن كان لديك أو لدى شخص تساعدك أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que 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.
Ελληνικά Greek	Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 855-710-6984.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય અવા કોઈ બીજી વ્યક્તિને અસહાયતા અમ. કાયકમ 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	यादि आपके, या आप जिसको 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 काल 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 ni, éi doodago ła'da biká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bina'ídíłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíłnih kwe'é 855-710-6984.
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.
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.
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.



Additional Information



Get healthy your way



Create lasting change with Omada®.
All at no cost to you.

What you'll get with Omada:

- ✓ Dedicated health coach & care team
- ✓ Smart devices, delivered to your door
- ✓ Interactive weekly lessons
- ✓ Healthier lifestyle in 10 minutes a day | anywhere, anytime
- ✓ Long term results through habit & behavior change

Do what works for you

Find healthy habits and routines that work for you.

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what 'healthy' means

Try new things you actually enjoy, rather than avoiding foods you "can't eat" or things you "shouldn't do."

The best part? It's covered.

If you or the adult family members are enrolled in the Blue Cross and Blue Shield of Illinois health plan and are at risk for type 2 diabetes or heart disease or living with high blood pressure, the Omada program is included in your benefits.

Learn more:

omadahealth.com/myplan-member

With Omada, there's
a program for you



Weight loss &
overall health



High blood pressure

Real people, real results

Livongo helps 700,000+ members worry less about managing diabetes.

“Livongo keeps me aware of my glucose levels without the worry of running out of supplies.”

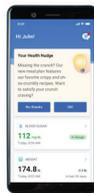
Livongo member

\$0
cost to you

With Livongo, you'll get:



A smart blood glucose meter
to guide your journey



A connected app
that tracks numbers so you
don't have to



Access to expert coaches
for advice on diet, lifestyle and more

Enroll Today!

Text **"GO BCBSIL-HEALTH"** to 85240 to learn more and enroll

You can also enroll by visiting join.livongo.com/BCBSIL-HEALTH/hi or call
800-945-4355 and use registration code: **BCBSIL-HEALTH**

The program is provided to you and your family members with diabetes and coverage through Blue Cross and Blue Shield of Illinois (BCBSIL).

Members must have primary insurance coverage through the Blue Cross and Blue Shield of Illinois plan offering the Livongo program.



Hinge Health

for Chronic Back and Joint Pain



Digital Musculoskeletal (MSK) Program for Wellbeing Management and Health Advocacy Solutions

For Large Group, Custom and Standard Fully Insured, Small Group and Mid-Market.

As part of our Wellbeing Management and Health Advocacy Solutions packages, Blue Cross and Blue Shield of Illinois (BCBSIL) is providing the Hinge Health digital musculoskeletal program led by physical therapists (PTs) and health coaches at no extra cost to members. This personalized remote care can be done in the comfort of the member's own home.

Musculoskeletal Management Solution

Hinge Health is a digital health company providing a musculoskeletal program that turns established, proven, non-surgical care guidelines into a coach and PT-led program delivered remotely using mobile and wearable technology.

The Chronic care pathway for back, hip, knee, shoulder, and neck pain includes a 12-week core program and annual access to:

- Dedicated care team: a PT who designs the member's custom care plan, and a health coach to support program adherence
- Personalized, science-based education curriculum
- Sensor-guided exercise therapy that improves strength and mobility with real-time feedback and tracking

For Employers

To support the program:

- Reports available at 6 and 12 weeks including recruitment and enrollment summary, member engagement and outcomes
- Seamless integration into your BCBSIL health plan, including program marketing and enrollment by Hinge Health
- Currently 80% of employers with a digital MSK solution choose Hinge Health*

Hinge Health will receive a weekly file of eligible members. Because chronic musculoskeletal conditions are not always identifiable through a claims screen, BCBSIL provides Hinge Health with the entire membership eligibility. On enrollment, member completes a brief health assessment to determine full eligibility for the program.

Annual access for all care pathways at no additional cost.

Hinge Health is an independent company that provides an online Musculoskeletal Management program for Blue Cross and Blue Shield of Illinois. Hinge Health is solely responsible for the products and services that it provides. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

* Based on total number of US clients with a digital MSK solution and the Hinge Health Book of Business

Clinically-proven weight loss without counting calories

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods.

Your employer has partnered with Wondr Health™ to help you improve your health at no cost to you.*

Go to wondrhealth.com/BCBSIL



What is Wondr?

No points, plans, or counting calories

Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians (which is why we left out the “e” in Wondr) and is clinically-proven for lasting results.

*To learn more and join the waitlist, visit: wondrhealth.com/BCBSIL

LET'S TALK RESULTS

In as little as 10 weeks:



84%

 LOST WEIGHT

62%

 FEEL MORE CONFIDENT

61%

 HAVE MORE ENERGY

68%

 ARE MORE PHYSICALLY ACTIVE

85%

 FEEL MORE IN CONTROL OF THEIR WEIGHT

57%

 FEEL THEIR MOOD HAS IMPROVED

What to expect



Learn more or apply at wondrhealth.com/BCBSIL.

Application period not open yet? Join our waitlist.



You'll receive a Welcome Kit to kick off the program after your application's been accepted.



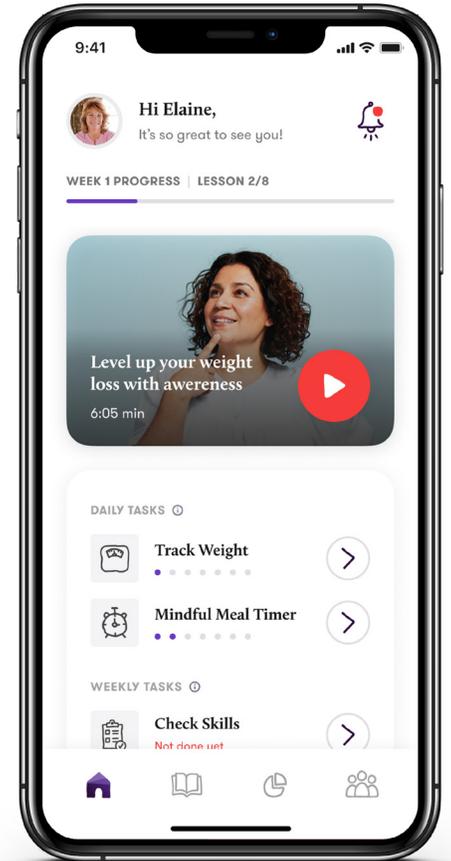
Sign in online or on our mobile app (available on App Store and Google Play) to access weekly video lessons and our mindful eating tools.



Watch our weekly master classes. On your start date, you can sign in to view your Week 1 videos and start your journey to better overall health.



Learn life-changing skills during the program's first phase—WondrSkills™, then move to the skill reinforcement phase—WondrUp™, and keep the momentum going in the skill maintenance phase—WondrLast™.



Questions? Visit support.wondrhealth.com.



"I love the whole idea of the psychology of things. I like to look in the why's and how it works. You can eat whatever you want. You just need to retrain your brain into thinking about how you need to eat your food."

—Brad M.
WONDR PARTICIPANT

LOST **70** lbs | GAINED Confidence



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