

Enrollment Guide
Joliet Public School District #86
PPO/PDent
01/01/2023



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.



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 **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. 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



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



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

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

- ¹ Vitals Annual Wait Time Report, 2017.
- $^{\rm 2}$ Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017
- National Center for Health Statistics Centers for Disease Control and Prevention 2019
- The Texas Association of Health Plan

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.

he 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 our 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 | |
|---|------------------------|--|---|---|---|--|
| | | | | | 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 | | | | Any life-threatening or | Most major injuries except | |
| Animal bites | | | | disabling conditions | for trauma† | |
| X-rays | | | | Sudden or unexplained loss of consciousness | May also provide imaging and lab services but | |
| Stitches | | | | Major injuries | do not offer trauma or | |
| Mild asthma | | | | Chest pain; numbness in the | cardiac services requiring catheterization ¹ • Do not always accept ambulances | |
| Minor headaches | | - | | face, arm or leg; difficulty speaking | | |
| Back pain | | = | | Severe shortness of breath | | |
| Nausea, vomiting, diarrhea | | = | | High fever with stiff neck, | | |
| Minor allergic reactions | | - | | mental confusion or difficulty breathing | | |
| Coughs, sore throat | | - | | Coughing up or vomiting | | |
| Bumps, cuts, scrapes | | | | plood | | |
| Rashes, minor burns | | | | Cut or wound that won't stop | | |
| Minor fevers, colds | | | | bleeding | | |
| Ear or sinus pain | | | | Possible broken bones | | |
| 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**.



BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO network of providers¹.

This network includes general and specialty dentists in Illinois as well as across the country. As a BlueCare Dental PPO plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

If you choose an out-of-network dentist, he or she may have higher fees and charge you for amounts not covered by your insurance. To get the most from your benefits, choose an in-network dentist.

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to **bcbsil.com** and use the Provider Finder® tool by clicking on **"Find a Doctor or Hospital"** and then on **"Find a Dentist"** on the left side of the page. You can search for a dentist near your home, school or office.

BlueCare Dental ConnectionSM

As an enhanced service, Blue Cross and Blue Shield of Illinois (BCBSIL) offers BlueCare Dental Connection. This service provides educational information and other resources to help you make choices about your dental care – at no extra cost.



To help you learn about good oral health, BlueCare Dental Connection offers:

- Educational mailings
- 24-hour online access to the Dental Wellness Center, which offers educational articles and special tools

The Dental Wellness Center allows you to:

- Ask dental-related questions through **Ask a Dentist**
- Find an in-network dentist using **Provider Finder**
- Research dental fees in your area with the **Dental Cost Advisor**
- Search the **Dental Dictionary** of common clinical terms
- View animations on different dental topics in the Treatment and Procedure tool



To access the Dental Wellness Center, visit **bcbsil.com**. Register and log in to Blue Access for MembersSM, click **Dental** under Quick Links and from there click on **Dental Wellness Center**.

Dedicated to Customer Service

After signing up, you will get more detailed information about your dental plan.
Look at your plan materials for complete details.
Customer Service can answer questions about eligibility, claims, benefits and providers. Just call 1-800-367-6401 between 8 a.m. and 6 p.m. (CT), Monday through Friday. In addition, you can find general benefit information at 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.

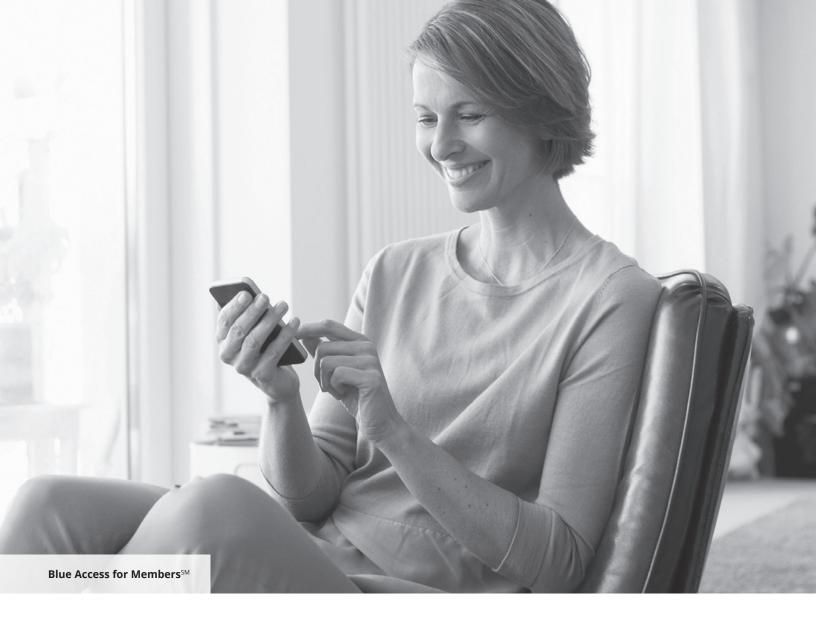
This Illinois law applies to all individual plans and insured group medical and dental plans, as well as self-insured municipalities, counties and schools. The law does not apply to self-funded national account groups or local non-municipal self-funded groups. If you have questions about this law, contact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



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**, or text* **BCBSILAPP** to **33633** to download our mobile app.





Scan this QR code to visit bcbsil.com.

*Message and data rates may apply. 22195.0522



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 **bcbsil.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.



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.



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

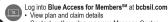
Sample



SUBSCRIBER INFORMATION

Member ID#: XXXXXXXXX777V Group #: 000012345

EXPLANATION OF BENEFITS



- Contact us through our secure Message Center Sign up for digital health plan info
- Search for health care providers

Text* GOBCBSIL to 33633 to download the

Have questions about this EOB? Customer Advocates are here to help! **XXX-XXX-XXXX**



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

Watt Your Health Care Into Digitally?
To get this EOB and other health care info on our mobile app, text* GOBCBSIL to 33633 to download the app. You can also go digital by logging in at bcbsil.com/member. Once logged in, navigate to Settings, click Preferences, then select Go Paperless.

Health Care Fraud Hotline: 800-543-0867

Health care fraud notine: 300-34-3000 Health care fraud Affects 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)

Amount Covered (Allowed): Discounts, reductions, and amount Amount Covered (Allowed): rescolutis, 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

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

CLAIM DETAIL (1 OF X)

PATIENT: John Smith
PROVIDER: Ralph Johnston M.D.



CLAIM # XXXXXXXXXXXXXX

DATE PROCESSED: 06/20/2020

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield of Illinois (BCBSIL) has negotiated discounts with this provider. The following shows how this claim was adjusted.

| l N | ROUP NAME Member ID#: XXXXXXXXXXX777V Group #: 000012345 Lustomer Advocates are here to help! XXX-XXX-XXXX | |
|-----------------------|--|--------------|
| Q ² | Amount Billed | \$7,850.00 |
| Ш | Discounts and Reductions | - \$3,930.00 |
| Ш | Health Plan Responsibility | - \$2,219.00 |
| Ш | You may owe your health care provider for these services | \$1,701.00 |

SUBSCRIBER INFORMATION

| | | | YOUR BENEFITS APPLIED | | | YOUR RESPONSIBILITY | | | | |
|---------------------|---------------|------------------|--------------------------|--------------------------------|-------------------------------|----------------------|-----------------|-------------|-----------------------|---------------------|
| Service Description | Service Dates | Amount Billed | Discounts and Reductions | Amount Covered (Allowed) | Health Plan Responsibility | Deductible Amount | Copay Amount | Coinsurance | Amount Not Covered | Your Total Costs |
| Surgical Charges | 04/04/2020 | 4,000.00 | (1) 1,800.00 | 2,200.00 | 960.00 | 1,000.00 | J | M 240.00 | W | 1,240.00 |
| Recovery Room | 04/04/2020 | 900.00 | (1) 410.00 | 490.00 | 392.00 | | | 98.00 | | 98.00 |
| Med/Surg Supplies | 04/04/2020 | 300.00 | (1) 140.00 | 160.00 | 128.00 | | | 32.00 | | 32.00 |
| Med/Surg Supplies | 04/04/2020 | 100.00 | | | | | | | (2) 100.00 | 100.00 |
| Laboratory Services | 04/04/2020 | 1,200.00 | (1) 820.00 | 380.00 | 304.00 | | | 76.00 | | 76.00 |
| Laboratory Services | 04/04/2020 | 400.00 | (1) 270.00 | 130.00 | 72.00 | | 50.00 | 8.00 | | 58.00 |
| MRI Outpatient | 04/04/2020 | 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 06-20-20.

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.
- (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.

Your health care plan has a calendar year maximum for x-rays and laboratory services performed in the outpatient department of a hospital, a clinic or a doctor's office. When this maximum has been reached, the balance is eligible under your major medical benefits, subject to a yearly deductible and a coinsurance share.

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.

JOHN SMITH - For benefit period 01-01-20 through 12-31-20 to date this patient has met \$4,515.02 of her/his \$7,350.00 Out-of-Pocket Expense Limit.

242384.042

Y

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 is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments before beginning services. It also includes any amounts not covered by your health plan. The total cost in this column details the amount shown in the claim summary (O²). It does not include any amounts that a non-participating provider may bill you.

Get More Information

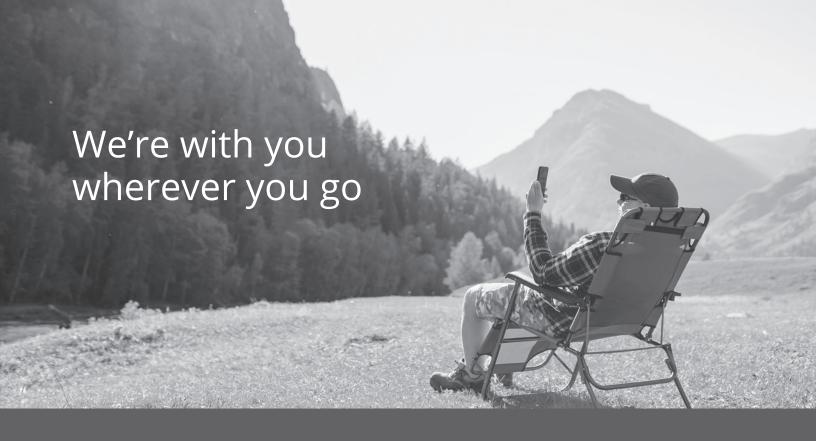
Your EOB may include a little more information about:

- **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.** Numbered notes give more details about discounts and reductions (H) and any amounts that aren't covered (N).
- **Q.** Health care plan maximums help you 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 Members™** or

Text* **GOBCBSIL to 33633** to download the mobile app.

^{*} Message and data rates may apply. See terms and conditions and our privacy policy at bcbsil.com/text-messaging.



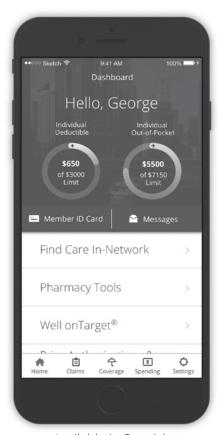
To access your important Blue Cross and Blue Shield of Illinois (BCBSIL) health benefit information anywhere you go, download the BCBSIL App.

- 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*

Text** BCBSIL to 33633 to get the app.



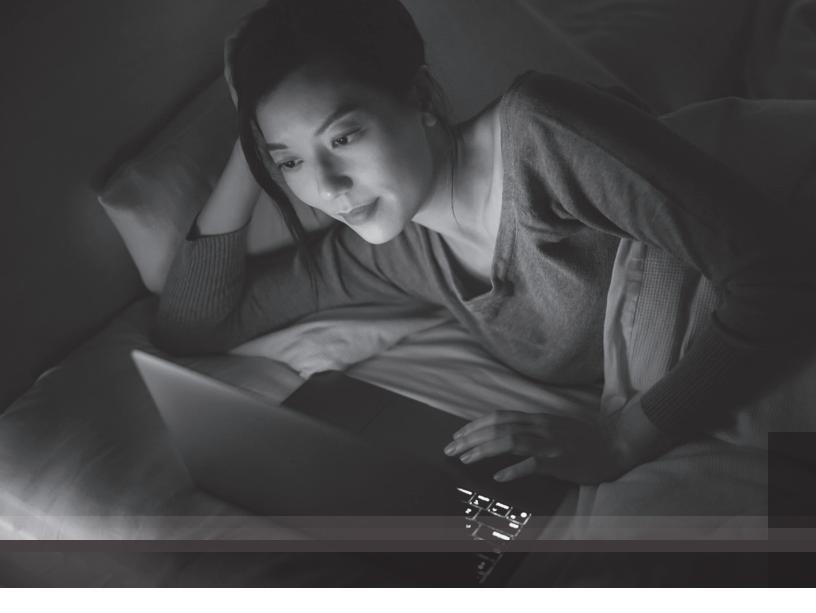




Available in Spanish

 $[\]hbox{$\star$ Currently only available on iPhone @. iPhone is a registered trademark of Apple Inc.}\\$

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



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

With Virtual Visits powered by 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.



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

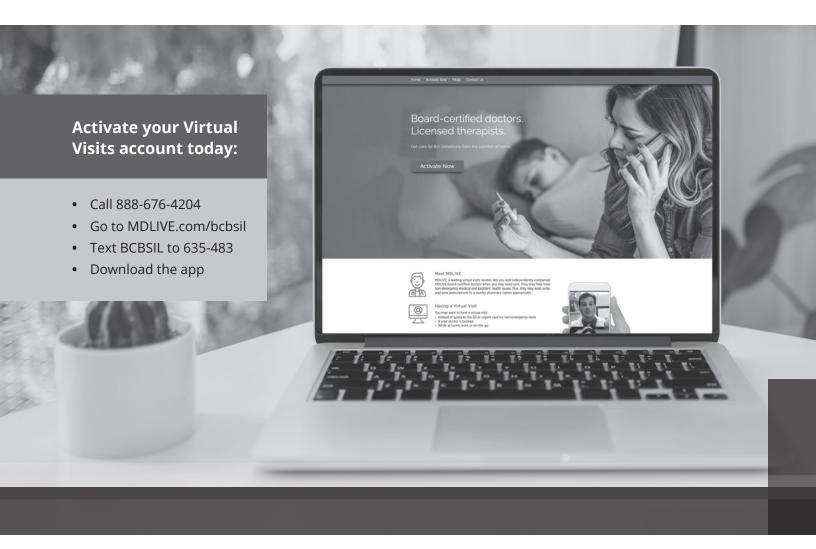
- Headaches
- Nausea
- Sinus infections

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.



Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

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.



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.



Prescription Drug and Wellness Information

Q&A: Prescription Drug List

What is a prescription drug list?

Your prescription drug benefit plan is based on the Blue Cross and Blue Shield of Illinois (BCBSIL) drug list. It is a list of drugs routinely reviewed and chosen based on the recommendations of a group of people from throughout the country who hold a medical or pharmacy degree. U.S. Food and Drug Administration (FDA)-approved drugs are chosen based on their safety, cost and how well they work.

The Enhanced Drug List is a smaller version of the Basic Drug List. It has mostly generic and select preferred brand drugs.

The Balanced Drug List, Performance Drug List, Performance Select Drug List and 2022 Drug List (for Metallic plans) show all covered drugs.

Major drug classes are covered on all drug lists. To learn more about your drug list, please call the number on your ID card.

Why should I use the drug list?

Your prescription drug list has many levels of coverage, called tiers. Each tier has its own cost. As a rule, your copay/coinsurance amount will be less for covered drugs in the lower tier. For example, the cost for preferred brand drugs is often lower than for non-preferred brand drugs.

If your benefits are based on the Basic or Enhanced Drug List, most medicines may be covered that are not on the drug list, but you may pay more out of pocket. If your benefits are based on the Balanced Drug List, Performance Drug List, Performance Select Drug List or 2022 Drug List (for Metallic plans), medicines that are not shown on these drug lists are not covered. You will need to pay for the full cost of the medicine.

The drug list is a source for your doctor when prescribing medicines. But it is up to you and your doctor to decide the medicine that is best for you.

Why use generic drugs?

Generics are medicines that are safe and work just as well as a brand drug. Generics often cost less than a brand drug. A generic can usually be substituted for a brand drug if it has the same active ingredients, the same strength and dosage and gives the same results. Talk to your doctor or pharmacist to find out if a generic drug is right for you.

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

The other side of this flier lists some commonly prescribed generic and preferred brand drugs. If a drug you are looking for is not on this flier, search the full drug list at **bcbsil.com/rx-drugs/drug-lists/drug-lists** or call customer service at the number on your BCBSIL member ID card.

How much you may pay out of pocket will be based on your plan benefits and what tier the drug is on your drug list. To find out what you will pay, log in to your Blue Access for MembersSM (BAMSM) account at **bcbsil.com** or call customer service at the number on your BCBSIL member ID card.

Please note: Drugs that call for a health care provider to give them to you (often in a hospital, doctor's office or other health care setting) may be covered under your health plan's medical benefit instead of your pharmacy benefits. These drugs are not on the drug list. If you have questions about these drugs, please call customer service at the number on your BCBSIL member ID card.

What are dispensing limits?

Some drugs listed on the drug list may have additional requirements, or extra steps to take before getting your prescription filled. One of those requirements is dispensing limits. This means you may only be able to get a certain amount of your drug at one time. For example, the osteoporosis drug Actonel® (risedronate) can only be filled as 30 tablets per 30 days because the FDA-approved labeling recommends the dose of one 5 mg tablet taken daily by mouth.

What if I have questions?

Call customer service at the number on your ID card, 24 hours a day, 7 days a week, or visit **bcbsil.com**.

July 2022 Commonly Prescribed Drugs

This list is a sample of commonly prescribed generic and preferred brand drugs. See the full and up-to-date BCBSIL prescription drug lists at bcbsil.com/rx-drugs/drug-lists/drug-lists. The online drug list (Balanced Drug List, Basic Drug List, Enhanced Drug List, Performance Drug List, Performance Select Drug List and 2022 Drug List for Metallic plans) may be changed as often as four times a year, based on your prescription drug benefit plan. Some online drug lists (Annual versions) may only be changed once a year, based on your plan benefits. The drug list may show medicines not covered under your prescription drug benefit plan. Also, prescription versions of over-the-counter (OTC) medicines may not be covered based on your plan. If you have questions about your benefits, call the number on your ID card.

ANTIHYPERTENSIVES Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations

benazepril hcl tab benazepril-

hydrochlorothiazide tab captopril tab enalapril maleate tab enalapril maleate-

hydrochlorothiazide tab fosinopril sodium tab fosinopril sodium-

hydrochlorothiazide tab lisinopril tab isinopril-hydrochlorothiazide

moexipril hcl tab

perindopril erbumine tab guinapril hcl tab quinapril-hydrochlorothiazide

tab ramipril cap

trandolapril tab

Angiotensin II Receptor Antagonist (ARBs) and Combinations

candesartan cilexetil tab candesartan cilexetil-

hydrochlorothiazide tab irbesartan tab irbesartan-

hydrochlorothiazide tab losartan potassium tab losartan potassium-

hydrochlorothiazide tab olmesartan medoxomil tab olmesartan medoxomil-

hydrochlorothiazide tab telmisartan tab telmisartan-

hydrochlorothiazide tab valsartan tab valsartan-

hydrochlorothiazide tab

Beta Blockers and Combinations

acebutolol hcl atenolol tab atenolol-chlorthalidone tab bisoprolol fumarate tab bisoprolol-

hydrochlorothiazide tab carvedilol tab labetalol hcl tab

metoprolol-

hydrochlorothiazide tab metoprolol succinate tab er

metoprolol tartrate tab nadolol tab

pindolol tab propranolol hcl tab propranolol hcl cap er 24hr

Calcium Channel Blockers and Combinations

amlodipine besylate tab amlodipine besylatebenazepril hcl cap amlodipine besylate-

valsartan tab diltiazem hcl coated beads

cap er 24hr diltiazem hcl tab felodipine tab er 24hr nifedipine tab er 24hr

osmotic release verapamil hcl tab er verapamil hcl tab

ASTHMA/COPD ADVAIR DISKUS ADVAIR HFA albuterol HFA albuterol sulfate soln nebu albuterol sulfate syrup albuterol sulfate tab ANORO ELLIPTA ARNUITY ELLIPTA **ASMANEX HFA ASMANEX TWISTHALER** 120 ME **BREO ELLIPTA BREZTRI AEROSPHERE** budesonide inhalation susp **COMBIVENT RESPIMAT DULERA** FLOVENT DISKUS FLOVENT HFA **INCRUSE ELLIPTA** ipratropium bromide inhal soln ipratropium-albuterol nebu soln levalbuterol hcl soln nebu conc

montelukast sodium

SPIRIVA HANDIHALER

QVAR REDIHALER

SEREVENT DISKUS

SPIRIVA RESPIMAT

STRIVERDI RESPIMAT **SYMBICORT** terbutaline sulfate tab theophylline tab er 24hr TRELEGY ELLIPTA zafirlukast tab

CHOLESTEROL

STIOLTO RESPIMAT

atorvastatin calcium tab cholestyramine light powder packets colesevelam hcl colestipol hcl granule packets ezetimibe tab ezetimibe-simvastatin tab fenofibrate micronized cap fenofibrate tab gemfibrozil tab lovastatin tab niacin tab er pravastatin sodium tab rosuvastatin calcium tab simvastatin tab

DEPRESSION

amitriptyline hcl tab bupropion hcl tab bupropion hcl tab er citalopram hydrobromide clomipramine hcl cap desipramine hcl tab duloxetine hcl enteric coated pellets cap escitalopram oxalate tab fluoxetine hcl fluvoxamine maleate tab imipramine hcl tab mirtazapine tab nortriptyline hcl cap paroxetine hcl tab phenelzine sulfate tab sertraline hcl tranylcypromine sulfate tab trazodone hcl tab venlafaxine hcl cap er venlafaxine hcl tab

DIABETES

acarbose tab BAQSIMI ONE PACK **FARXIGA** glimepiride tab glipizide tab glipizide tab er 24hr glipizide-metformin hcl tab GLUCAGON EMERGENCY KIT glyburide micronized tab glyburide tab glyburide-metformin tab **GLYXAMBI GVOKE HYPOPEN 1-PACK GVOKE PFS HUMULIN R U-500** INSULIN GLARGINE-YFGN **JANUMET IANUMET XR JANUVIA JARDIANCE LEVEMIR** metformin hcl tab metformin hcl tab er nateglinide tab NOVOLIN 70/30 **NOVOLIN N NOVOLOG** NOVOLOG MIX 70/30 pioglitazone hcl-metformin hcl tab pioglitazone hcl tab repaglinide tab **RYBELSUS SEMGLEE** SOLIQUA 100/33 **SYNJARDY** SYNJARDY XR **TRESIBA** TRIJARDY XR VICTOZA XIGDUO XR

XULTOPHY 100/3.6

ZEGALOGUE



A home delivery (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

Savings and Convenience

- Express Scripts® Pharmacy delivers up to a 90-day supply of long-term medicines.¹
- Prescriptions are delivered to the address of your choice, within the U.S., with free standard shipping.
- You can order from the comfort of your home
 — through your mobile device, online or over the
 phone. Your doctor can fax, call or send your
 prescription electronically to Express Scripts®
 Pharmacy.
- Tamper-evident, unmarked packaging protects your privacy.

Support and Service

- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at express-scripts. com/rx or call 833-715-0942.
- 24/7 access to a team of knowledgeable pharmacists and support staff.
- Choose to receive refill reminder notices by phone or email.
- Multiple pharmacy locations are located across the U.S., for fast processing and dispensing.



Medicines may take up to 5 business days to deliver after Express Scripts® Pharmacy receives and verifies your order.

Getting Started with Express Scripts® Pharmacy Mail Order

Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit express-scripts.com/rx. Follow the instructions to register and create a profile.
 See your active prescriptions and/or send your refill order.
- Log in to myprime.com and follow the links to Express Scripts® Pharmacy.

Over the Phone

Call **833-715-0942**, 24/7, to refill, transfer a current prescription or get started with mail order. Please have your member ID card, prescription information and your doctor's contact information ready.

Through the Mail

To send a prescription order through the mail, visit **bcbsil.com** and log in to Blue Access for MembersSM (BAMSM). Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts® Pharmacy.

Talk to Your Doctor

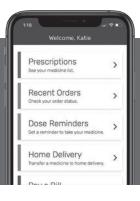
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.¹ You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call 888-327-9791 for faxing instructions or call the pharmacy at 833-715-0942. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have Express Scripts® Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Questions?

Visit **bcbsil.com**. Or call the phone number listed on your member ID card.



Use the mobile app to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicines and more

Blue Cross and Blue Shield of Illinois is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSIL to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC. MyPrime.com is an online resource offered by Prime Therapeutics, LLC.

^{1.} Prescriptions of up to a 90-day supply, or the most amount allowed by the benefit plan.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Illinois. The relationship between Express Scripts® Pharmacy and Plan Create and Plan Find of Pharmacy and Plan Create and Plan Find of Pharmacy and Pharmacy



Do You Need Specialty Medications?



Blue Cross and Blue Shield of Illinois (BCBSIL) supports members who need self-administered specialty medication and helps them manage their therapy. Accredo® is the specialty pharmacy chosen to do just that.¹

Specialty drugs are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may only be stocked by select pharmacies.

Some specialty drugs must be given by a health care professional, while others are approved by the FDA for self-administration (given by yourself or a care giver). Medications that call for administration by a professional are often covered under your medical benefit plan. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit plan. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Your plan may require you to get your self-administered specialty drugs through Accredo or another in-network pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.² Your doctor may also order select specialty drugs that must be given to you by a health professional through Accredo.

Do You Need Specialty Medications?

Examples of Self-administered Specialty Medications

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit **bcbsil.com** to see the up-to-date list of specialty drugs.

| Condition | Sample Medications³ |
|----------------------|---|
| Autoimmune Disorders | Cosentyx, Enbrel, Humira, Xeljanz |
| Osteoporosis | Forteo, Tymlos |
| Cancer (oral) | Gleevec, Nexavar, Sprycel, Sutent, Tarceva |
| Growth Hormones | Norditropin Flexpro, Nutropin AQ, Omnitrope |
| Hepatitis C | Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi |
| Multiple Sclerosis | Betaseron, Copaxone, Rebif |

Support in Managing Your Condition: Accredo

Accredo carries roughly 99% of specialty drugs, which means you're more likely to get all of your specialty drugs from one pharmacy. Through Accredo, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through Accredo, you get:

- One-on-one counseling from 500+ conditionspecific pharmacists and 600+ nurses
- Simple communication, including refill reminders, by your choice of phone, email, text or web⁴
- An online member website to order refills, check order status and track shipments, view order and medication history, set profile preferences and learn more about your condition
- A mobile app that lets you refill and track prescriptions, make payments and set reminders to take your medicine⁴
- Free standard shipping
- 24/7 support

Ordering Through Accredo

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. **To start using Accredo, call 833-721-1619.** An Accredo representative will work with your doctor on the rest.

Once registered, you can manage your prescriptions on **accredo.com** or through the mobile app.

Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through Accredo. Medications are shipped in plain, secure, tamper-evident packaging.

Before your scheduled fill date, you will be contacted to:

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered⁵
- Discuss any changes in your condition or answer any questions about your health⁵

One-on-One Support

Accredo has 15 Therapeutic Resource Centers® (TRCs), each focused on a specific specialty condition. Through your one-on-one counseling sessions, they'll discuss how to reduce your disease progression and achieve your treatment goals, manage any side effects from your drugs, help you stick to your regimen and monitor your progress. They can also offer support with any financial or insurance concerns you may have.

Certain coverage exclusions and limits may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the customer service number listed on your ID card with questions.

- 3. Third-party brand names are the property of their respective owners.
- 4. Not all medicines can be refilled on the app, by text or email.
- 5. Treatment decisions are between you and your doctor.

^{1.} Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

^{2.} The BCBSIL specialty pharmacy network includes Accredo as well as other in-network specialty pharmacies for select specialty drugs. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for MembersSM (BAMSM) account to find an in-network specialty pharmacy near you.



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 on Target 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 on Target 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. Reach your milestones and earn Blue PointsSM.²

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

- 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.
- Blue Points Program: Blue Points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points in the online shopping mall.³
- **Health and wellness content:** Reader-friendly articles about conditions and medicines.

Fitness Program

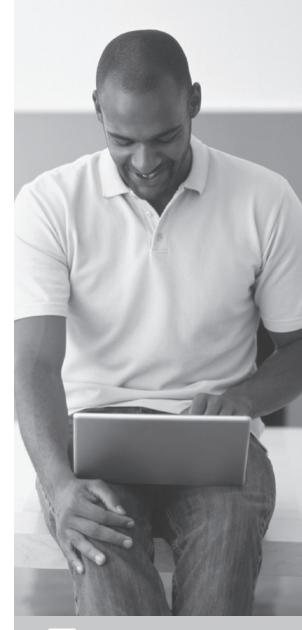
Fitness can be easy, fun and affordable. The Fitness Program gives you unlimited access to a nationwide network of more than 10,000 fitness locations. You can visit locations while you're on vacation or traveling for work. Other program perks include:

- **No long-term contract:** Membership is month to month. Flexible plans from \$19 to \$99 per month and studio classes are available.⁴
- **Blue Points:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits.
- **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.com.

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 on Target 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 on Target Member Wellness Portal at wellontarget.com for further information
- 3. 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.
- 4. 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."

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.

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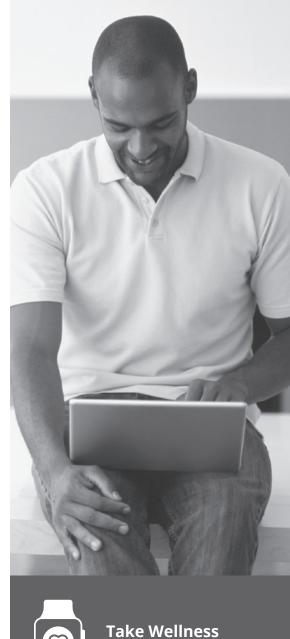
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- **Convenient payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.
- **Web resources:** You can go online to search for locations and track your visits.
- Complementary and Alternative Medicine (CAM): Discounts
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 network of 40,000 health and well-being providers, such as
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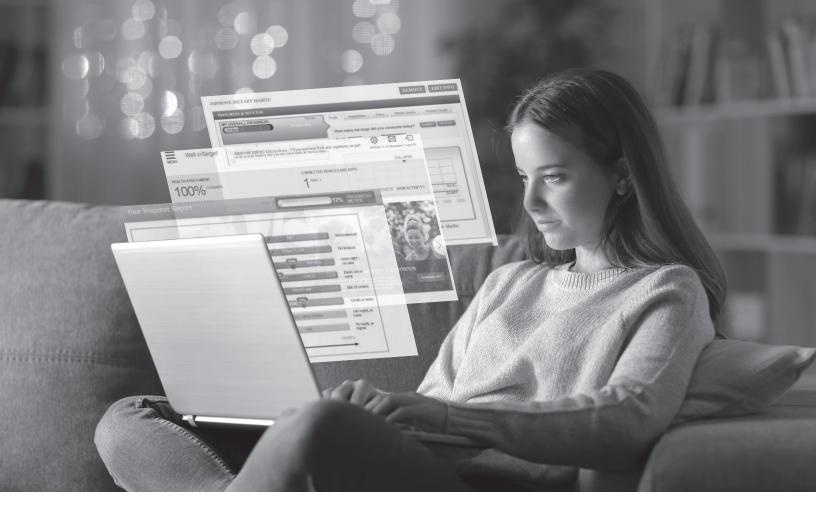
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- 3. Not available in Montana or Oklahoma.

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Live Well with the Well on Target Member Wellness Portal

The Well on Target® 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 ปกTarget®

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

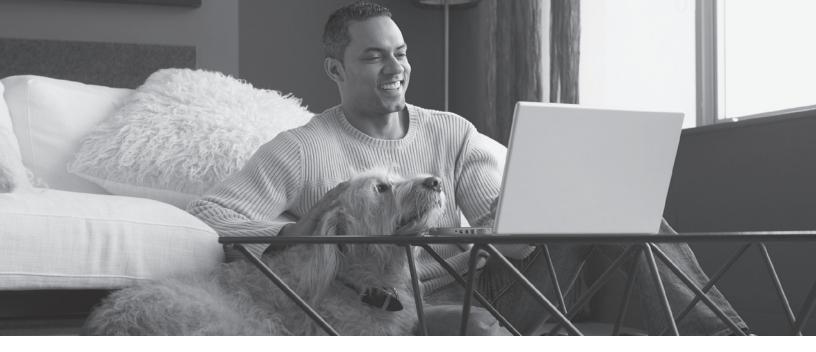
Check out the Well onTarget
AlwaysOn Wellness mobile app, available
for iPhone® and Android™ smartphones.
It can help you work on your wellness
goals — anytime and anywhere.

^{1.} Well on Target 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 on Target 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.



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™ | American Hearing Benefits

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.*

Jenny Craig[®] | 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®

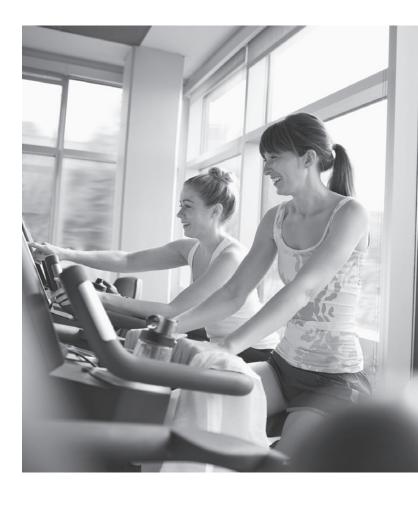
Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can 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 healthcare 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 and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a \$25 purchase.

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 20% off a monthly plan on any Live Online Personal Training.



eMindful

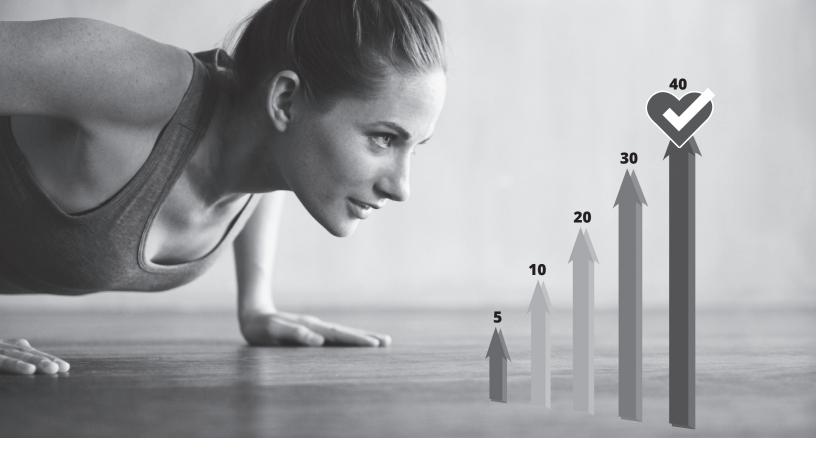
Get a 25% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

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.

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.

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



Make Your Fitness Program Membership Work for You

The Fitness Program gives you flexible options to help you live a healthy lifestyle.

Since you are a Blue Cross and Blue Shield of Illinois (BCBSIL) member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older).* The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

Other program perks include:

 Flexible Gym Network: A choice of gym networks to fit your budget and preferences.**

| Options | Digital Only | Base | Core | Power | Elite |
|---|------------------------|-------|-------|--------|--------|
| Monthly Fee | \$10 | \$19 | \$29 | \$39 | \$99 |
| Gym Facility Network Size [†] | Digital Access Only | 3,000 | 7,500 | 12,000 | 12,400 |
| \$19 Initiation Fee (No initiation fee for Digital Only Option) | | | | | |

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

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

Features

- Mobile App: Allows members to access location search, studio class registration, location check-in and activity history.
 - Check out the Well onTarget Fitness mobile app, available from Apple® or Google Play™. It can help you work on your fitness goals anytime and anywhere.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- Complementary and Alternative Medicine (CAM) Discounts Through the WholeHealth Living Choices Program: Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at www.whlchoices.com.
- **Blue Points**sM: Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.***
- **Web Resources:** You can go online to find fitness locations and track your visits.

 Digital Fitness: Stay active from the comfort of your own home. Access thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through an online platform.
 Digital access is included with Base, Core, Power and Elite memberships. You can also join the Digital Only plan option if only interested in access to digital fitness options.

Are You Ready for Fitness? It's easy to sign up:

- **1.** Go to **bcbsil.com** and log in to Blue Access for MemberssM.
- Select the Wellness tab on the top navigation bar of the Dashboard page. Then scroll down to the Fitness Program section and click on Learn More.
- 3. Complete registration form.
- **4.** Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
- 5. Visit a fitness location today!

Prefer to sign up by phone or have questions about 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).

Find fitness buddies, take a digital class and try something new!

Join the Fitness Program today to help you reach your health and wellness goals.



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

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

^{**}Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

^{***}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 HealthTM, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

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 | 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 | 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 | 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 | 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 | 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 | 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 | 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.

<u>Example</u>: 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. <u>Example</u>: 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.

<u>Example</u>: If your company contracts with us to provide a health plan, we may provide them certain statistics to explain the premiums we charge.

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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 | We can share your health information for certain situations such as: 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 | We can use or share your information for health research. | |
| Comply with the law | 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 | 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 | We can use or share health information about you: 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 | We can share health information about you in response to an administrative or court order, or in response to a subpoena. | |
| Certain health information | 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/

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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 you 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

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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, 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 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 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 تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 6984-710-855. | | |
| 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. કાયેક્રમ 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 કૉલ કરો. | | |
| हिंदी Hindi | यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।. | | |
| Italiano Italian | Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984. | | |
| 한국어 Korean | 만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오. | | |
| Diné Navajo | T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkidígíí bee nił h odoonih. Ata'dahalne'ígíí bich'i' hodíílnih kwe'é 855-710-6984. | | |
| فارس <i>ی</i> Persian | اگر شما، یا کسی که شما به او کمک می کنید، سؤالی 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 6984-710-555 تماس حاصل نمایید. | | |
| Polski Polish | Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek 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. | | |
| ار دو 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، 6984-710-855 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. | | |



bcbsil.com



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Preferred private practice and retail in-network choices

private practice doctors

Visionworks

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Enjoy more savings and offers.

Get access to more than \$3,000 in savings with **VSP Exclusive Member Extras**, like rebates for popular contact lens brands, savings on LASIK, and more.





More Ways to Save

Extra

\$20

to spend on Featured Brands[†]

bebe

CALVIN KLEIN

COLE HAAN

FLEXON



See all brands and offers at vsp.com/offers.



Up to

40%

Savings on lens enhancements:

Your VSP Vision Benefits Summary

JOLIET PUBLIC SCHOOLS DISTRICT 86 and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature



01/01/2023



| BENEFIT | DESCRIPTION | COPAY | FREQUENCY | | |
|---|---|--|---------------------|--|--|
| Your Coverage with a VSP Provider | | | | | |
| WELLVISION EXAM | Focuses on your eyes and overall wellness | \$10 | Every 12 months | | |
| ESSENTIAL MEDICAL EYE CARE | Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. | \$0 per screening \$20 per exam | Available as needed | | |
| PRESCRIPTION GLASSES | | \$20 | | | |
| FRAME [*] | \$160 featured frame brands allowance \$140 frame allowance 20% savings on the amount over your allowance | Included in Prescription Glasses | Every 24 months | | |
| LENSES | Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children | Included in Prescription Glasses | Every 12 months | | |
| LENS ENHANCEMENTS | Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements | \$0 \$80 - \$90 \$120 - \$160 | Every 12 months | | |
| CONTACTS (INSTEAD OF GLASSES) | \$140 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) | Up to \$60 | Every 12 months | | |
| EXTRA SAVINGS Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor | | | | | |

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.



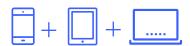
Surrounded by smartphones, tablets, TVs, and even fluorescent lights, adults and children alike are exposed to an unprecedented level of blue light in today's world. Exposure to blue light has been linked to digital eye strain.





Scientific research has linked blue light to the onset of digital eye strain in as little as **two hours** of screen time.¹

Did You Know?



Forty-eight percent of kids are now spending more than six hours online every day.²



Two-thirds of people in the U.S. experience digital eye strain symptoms.¹

Three Tips to Reduce Exposure

Get an Eye Exam.

Talk to your VSP® network doctor about your lifestyle and ask about the best options for reducing digital eye strain. Even if you don't wear corrective lenses, some blue light coatings are available for non-prescription eyewear.

Limit Screen Time Before Bed.

Turn devices off a few hours before going to bed. Also, consider lowering the brightness of your screen, enabling the blue light filter, or downloading a blue-light reducing app for your device.

Follow the 20-20-20 Rule.

Give your eyes a break every 20 minutes, and spend 20 seconds looking at something at least 20 feet away.

Search for blue light at vsp.com to learn more.

see well. be well.

1. Digital Eye Strain Report 2016, The Vision Council, November 2020. 2. Survey Shows Parents Alarmed as Kids' Screen Time Skyrockets During COVID-19 Crisis, ParentsTogether Foundation, April 2020.



VSP® Vision Care is committed to providing eye care that supports our members' overall health and wellness. That's why we offer Essential Medical Eye Care. With your vision benefits from VSP, you have access to supplemental coverage for urgent and medical eye care.



What's Included With Essential Medical Eye Care?

- Fully covered retinal screening for members with diabetes.
 These high-resolution images of the inside of the eye are a non-invasive way to monitor diabetes.
- Exams and services to treat immediate issues like pink eye and sudden changes in vision.
- Treatment options to monitor ongoing health conditions such as dry eye, diabetic eye disease, glaucoma, and more.

If You Need Treatment

- 1. Contact your VSP network doctor to schedule an appointment.
- 2. If you don't have an eye doctor, visit **vsp.com** to find one and receive the eye care you need from an eye care expert.
- 3. When your VSP network doctor participates in your medical insurance plan's network, your medical insurance will be billed. You may be able to coordinate with your VSP benefits to help reduce out-of-pocket costs. If your VSP doctor doesn't participate with your medical insurance plan, VSP has you covered with only the cost of your copay.*

Find a VSP network doctor at vsp.com or call 800.877.7195.

*A standard copay of up to \$20 is required for medical eye exams. Other covered services are covered-in-full, including retinal screening for members with diabetes. Log in to vsp.com to view your benefits.

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.

Confidential Emotional Support



Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions



Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- · Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance



Talk to our attorneys for practical assistance with your most pressing legal issues, including:

• Divorce, adoption, family law, wills, trusts and more Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources



Our financial experts can assist with a wide range of issues. Talk to us about:

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- · Budgeting, debt, bankruptcy and more

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Confidential support, information and resources for all of life's challenges.