



ANNUAL OPEN ENROLLMENT for **EMPLOYEE BENEFITS 2024**

October 1, 2023 ~ November 30, 2023
for changes to become effective
January 1, 2024

Attention all benefit eligible employees:

*Open enrollment is the only opportunity for
you to make changes to your benefits!*

**Stay tuned to your emails,
more information coming soon!**

During Open Enrollment You May:

- Enroll/Discontinue coverage
- Enroll/Discontinue family dental
- Enroll/Discontinue spouse/
dependent coverage
- Enroll/Discontinue AFLAC
- Enroll/Discontinue NCPERS

DISTRICT 86
JOLIET
PUBLIC SCHOOLS

If you are not making any changes to your plan, there is nothing to complete/turn in, your current elections will remain the same.



BlueCross BlueShield of Illinois



Enrollment Guide

Joliet Public Schools District 86
PPO/PDENT
01/01/2024

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



Get the Most from Your Health Plan

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

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

Your ID Card

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

Blue Access for MembersSM

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

Save Money – Stay In-Network

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

Call Customer Service for Help

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



The PPO Plan

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

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

PPO Network

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

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

Medical Care

Your benefits may include coverage for*:

- physician office visits
- breast cancer screenings
- cervical cancer screenings
- inpatient hospital services
- muscle manipulation services
- outpatient hospital services
- physical, speech and occupational therapies
- outpatient surgery and diagnostic tests
- 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

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Hospital ER

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

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Freestanding ER

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

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

¹ Vitals Annual Wait Time Report, 2017.

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

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






⁴ The Texas Association of Health Plans.

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

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

Deciding Where to Go?

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

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

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

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

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

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

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

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

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

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

Smile! You Have BlueCare Dental PPOSM



BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO provider networks.¹

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 Care** 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.

Dedicated 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 **800-367-6401** between 8 a.m. and 6 p.m. (CT), Monday through Friday.



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

To access the Dental Wellness Center, log in to Blue Access for MembersSM at **bcbsil.com** and select the **Wellness** tab on the dashboard. Scroll down to the **Dental Wellness Center** section, and click the button.

The Dental Wellness Center allows you to:

- Ask dental questions through **Ask a Dentist**
- Locate an in-network dentist using **Find a Dentist**
- Research dental fees in your area with the **Dental Cost Advisor**
- Search the **Dental Dictionary** for common dental terms
- View videos on various dental topics in the **Educational Videos** section

Joliet Public School District #86

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information. *Passive PPO's provide identical benefits for 'contracting' and 'non-contracting' providers.*

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* U&C 90th
Benefit Period Maximum:	\$1,000	\$1,000
Deductible:	\$25 Individual \$75 Family	\$25 Individual \$75 Family
Three Month Deductible Carryover Applies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Prior Carrier Deductible Credit Applies	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Services		
Diagnostic Services Choose an item. Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100%	100%
Preventive Services Choose an item. Prophylaxis (cleanings) Topical fluoride applications	100%	100%
Diagnostic Radiographs Choose an item. Full-mouth and panoramic films Bitewing films Periapical films	100%	100%
Miscellaneous Preventive Services Choose an item. Sealants Space maintainers	100%	100%
Basic Restorative Dental Services Amalgams Resin-based composite restorations	100%	100%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	100%	100%
Non-Surgical Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	100%	100%

Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	50%	50%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	100%	100%
Oral Surgery Services Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	50%	50%
Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure	100%	100%
Major Restorative Services Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%	50%
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants Implants Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	50%	50%
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%
Orthodontics	Not Covered	Not Covered



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**.



Blue Access for MembersSM

Health care at your fingertips.

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

With BAM, you can:

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

It's easy to get started.

Use your member ID card to create a BAM account at **bcbsil.com**, or text* **BCBSILAPP** to **33633** to download our mobile app.



Scan this QR code to visit **bcbsil.com**.



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.

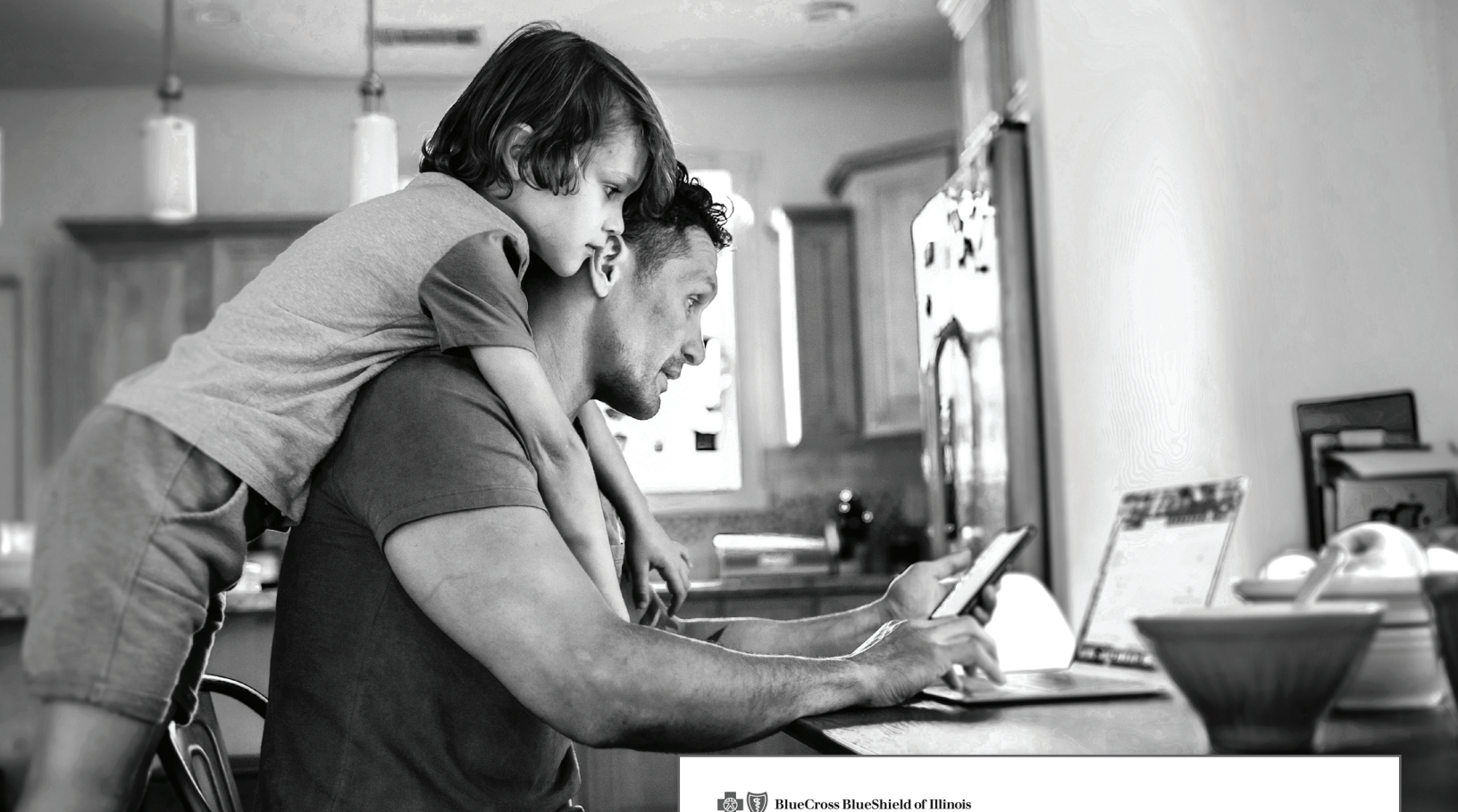
- What is the doctor’s experience in treating patients with the same health problems that I have?
- Where is the doctor’s office? Is there convenient and ample parking, or is it close to public transportation?
- What are the regular office hours? Does the office have drop-in hours if I have an urgent 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.

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

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



Understanding Your Explanation of Benefits

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

Page One Covers the Basics

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

 **BlueCross BlueShield of Illinois**
PO Box 7344
Chicago, IL 60680-7344

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

Sample

EXPLANATION OF BENEFITS

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

SUBSCRIBER INFORMATION
GROUP NAME
Member ID#: XXXXXXXXX777V Group #: 000012345

Dear John Smith,

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

HELPFUL INFORMATION

Want Your Health Care Info Digitally?

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

Health Care Fraud Hotline: 800-543-0867

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sample

DATE PROCESSED: 06/20/2022

F SUBSCRIBER INFORMATION
GROUP NAME

Member ID#: XXXXXXXX777V Group #: 000012345

Customer Advocates are here to help! 8XXX-XXX-XXXX

O²

Amount Billed	\$7,850.00
Discounts and Reductions	- \$3,930.00
Health Plan Responsibility	- \$2,219.00

O³

Paid from your HCA Account	- \$0.00
You may owe your health care provider for these services	\$1,701.00

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

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-22. **J²**
Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

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

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

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

On Page Two You Can:

At a glance, confirm the:

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

Get the Details

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

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

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

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

See Your Cost Share

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

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

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

Get More Information

Your EOB may include a little more information about:

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

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

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

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

* Message and data rates may apply. See terms and conditions and our privacy policy at [bcbasil.com/member/account-access/mobile/text-messaging](https://www.bcbasil.com/member/account-access/mobile/text-messaging).

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

20154.0523

We're with you wherever you go



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

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

Then, Manage Your Preferences

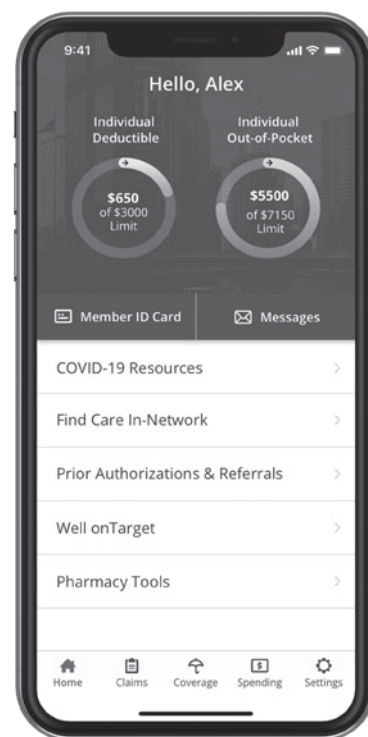
In the BCBSIL App:

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

Choose the messages and information you want to get:

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

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



Available in Spanish



* Availability varies by device.

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

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



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

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

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

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

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



Go Mobile with BCBSIL

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

* Not all plans provide this information.

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



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 2023 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 2023 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](https://www.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](https://www.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](https://www.bcbsil.com).

October 2023 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](https://www.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 2023 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
doxazosin mesylate tab
enalapril maleate tab
enalapril maleate-hydrochlorothiazide tab
fosinopril sodium tab
fosinopril sodium-hydrochlorothiazide tab
lisinopril tab
lisinopril-hydrochlorothiazide tab
moexipril hcl tab
perindopril erbumine tab
quinapril 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
valsartan tab
valsartan-hydrochlorothiazide tab

Beta Blockers and Combinations

acebutolol hcl cap
atenolol tab
atenolol-chlorthalidone tab
bisoprolol fumarate tab
bisoprolol-hydrochlorothiazide tab
carvedilol tab
labetalol hcl tab

metoprolol-hydrochlorothiazide tab
metoprolol succinate tab er 24hr
metoprolol tartrate tab
nadolol tab
pindolol tab
propranolol hcl cap er 24hr
propranolol hcl tab
sotalol hcl

Calcium Channel Blockers and Combinations

amlodipine besylate tab
amlodipine besylate-benazepril 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

nimodipine cap
verapamil hcl tab er
verapamil hcl tab

Other Antihypertensives

clonidine hcl tab
clonidine td patch weekly
eplerenone tab
guanfacine hcl tab
hydralazine hcl tab
minoxidil tab
phenoxybenzamine hcl cap
terazosin hcl cap

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
BREO ELLIPTA
BREZTRI AEROSPHERE
budesonide inhalation susp
COMBIVENT RESPIMAT
DULERA
FASENRA PEN
FLOVENT DISKUS
FLOVENT HFA
INCRUSE ELLIPTA

ipratropium bromide inhal soln
ipratropium-albuterol nebu soln
levalbuterol hcl soln nebu conc
montelukast sodium
NUCALA
QVAR REDIHALER
SEREVENT DISKUS
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
terbutaline sulfate tab
theophylline tab er 24hr
TRELEGY ELLIPTA
zafirlukast tab

CHOLESTEROL

atorvastatin calcium tab
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
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 HYPOPEN 2-PACK
GVOKE PFS
HUMULIN R U-500
INSULIN GLARGINE-YFGN
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
LEVEMIR
LEVEMIR FLEXTouch
metformin hcl tab
metformin hcl tab er
nateginide tab
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLIN R FLEXPEN
NOVOLOG
NOVOLOG MIX 70/30
NOVOLOG MIX 70/30 PREFILL
NOVOLOG RELION
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](https://www.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

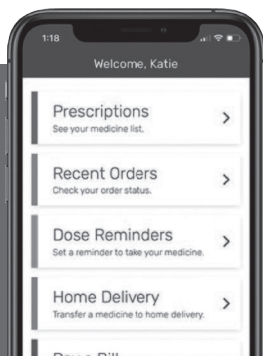
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.¹ You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call **888-327-9791** for faxing instructions or call the pharmacy at **833-715-0942**. If you need to start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

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 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.



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](https://www.bcbsil.com) to see the up-to-date list of specialty drugs.

Condition	Sample Medications ³
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+ condition-specific 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](https://www.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.

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.

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.

Accredo is contracted to provide services for BCBSIL. Accredo is a trademark of Express Scripts Strategic Development, Inc.



Experience Wellness Your Way

Well onTarget® gives you the tools and resources to create your personal journey — no matter where you may be on your path to wellness.

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

Member Wellness Portal

The heart of Well onTarget is the member portal, available at wellontarget.com*. It links you to a suite of inviting programs and tools.

- **Health Assessment (HA)**¹: The HA presents a series of questions to learn more about you. After you take the HA, you will get a personal and confidential wellness report. The report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals. If you choose, you can share this report with your health care provider.
- **Self-Management Programs**: These programs let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, managing stress and more. Track your progress as you make your way through each lesson. Reach your milestones and earn Blue Points^{SM, 2}.

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

Well onTarget®

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

- **Online Wellness Challenges:** Challenge yourself to meet your wellness goals.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.
- **Fitness Tracking:** Track your fitness activity using popular fitness devices and mobile apps.
- **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.

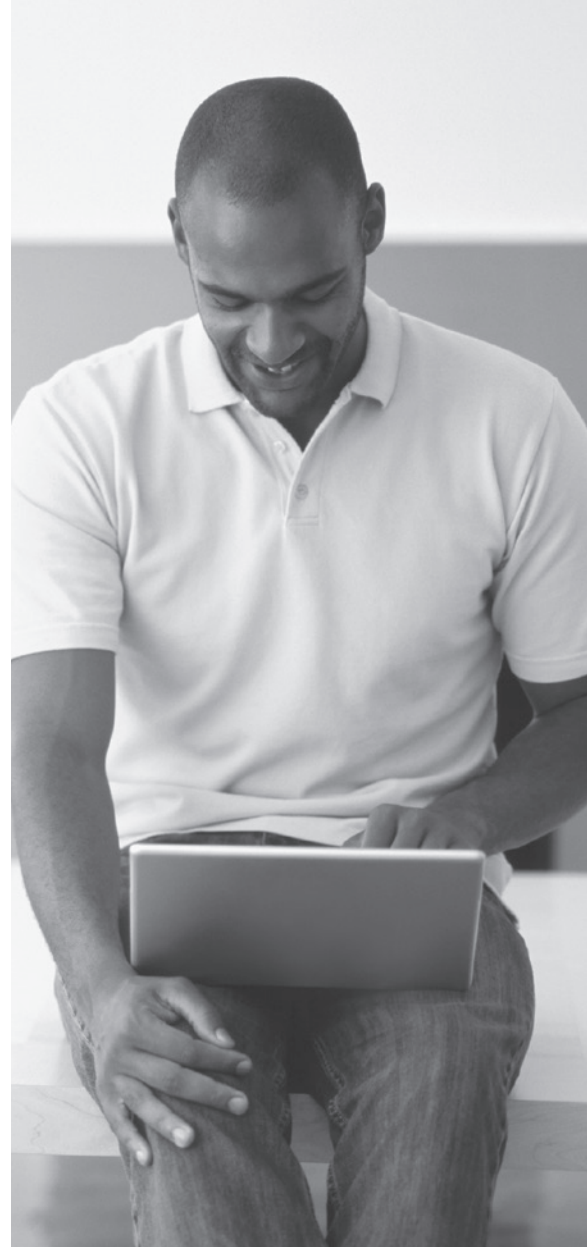
Other program perks include:

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

2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.

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.

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



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

Well onTarget®

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

Fitness Program

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

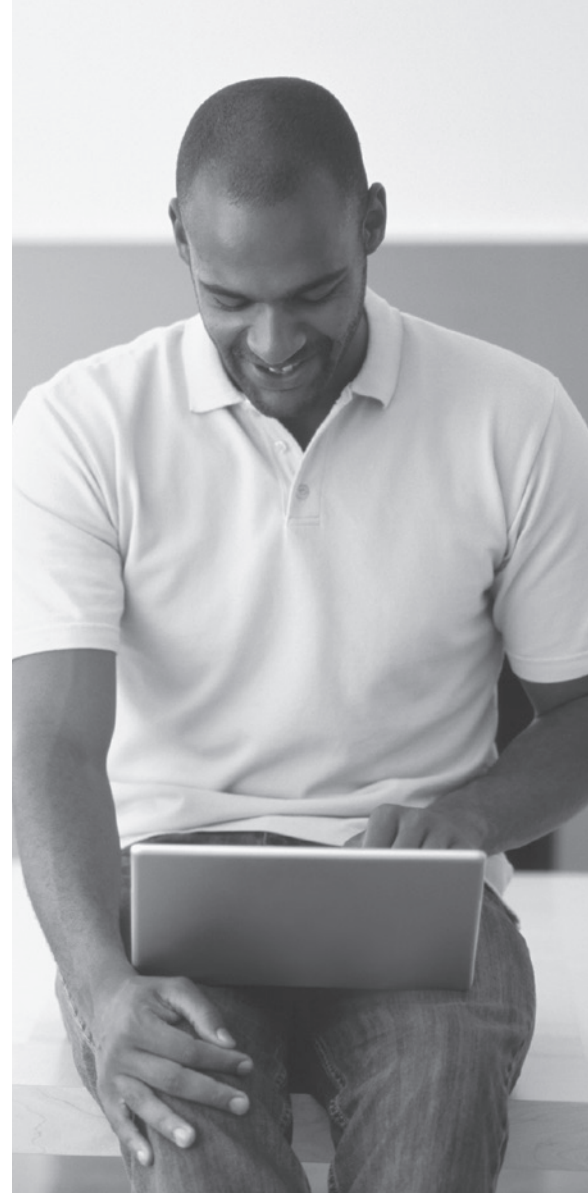
Other program perks include:

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

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

Wellness Program Questions?

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



Take Wellness on the Go

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

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

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

3. Not available in Montana or Oklahoma.

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

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



Live Well with the Well onTarget Member Wellness Portal

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

Explore Your Wellness World

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

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

See Your Stats in a Flash

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

Take a Snapshot of Your Health

The HA asks you questions about your health and habits.¹ You then get a Personal Wellness Report. This report suggests ways to make positive lifestyle changes. Your report can also help you decide which Well onTarget program to start first to get the most benefit. You can even print a Provider Report to share with your doctor.

Well onTarget®

Blue PointsSM Program²

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

Health Tools and Trackers

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

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

Self-Management Programs

These programs consist of:

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

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

Fitness Tracking

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



Take Wellness on the Go

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

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

2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

3. This does not apply to points you earn for completing Fitness Program activities.

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

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



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

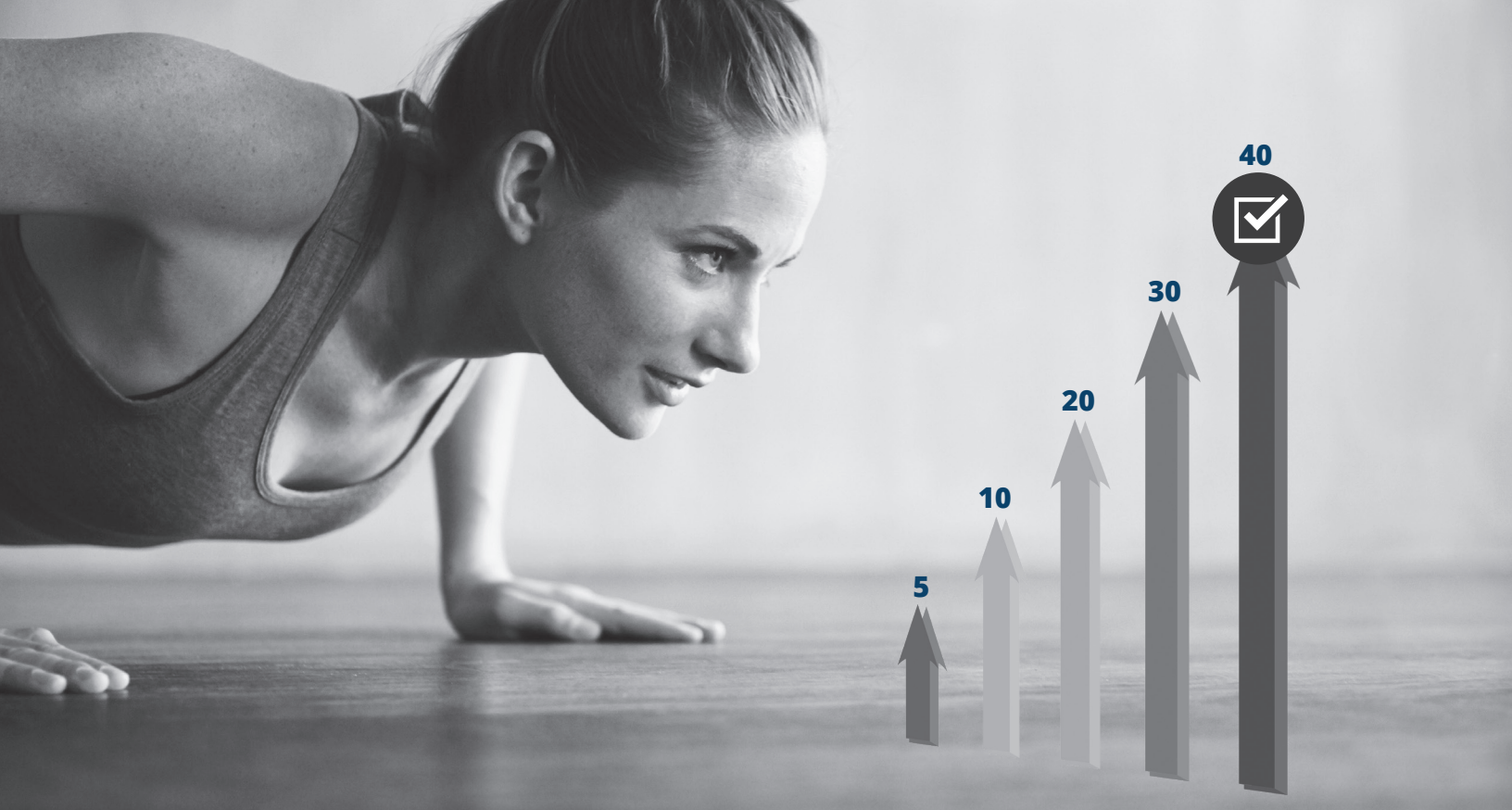
Get a 25% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

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.

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

Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.



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 Enrollment Fee (No Enrollment 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 PointsSM:** 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.
2. 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.



*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.

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

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.

***WholeHealth Living Choices is not available in Montana and Oklahoma.

Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

****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.

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

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.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

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

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

Pay for your health Services

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

Administer your plan

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

How else can we use or share your health information?

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

Help with public health and safety issues

- 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/>

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

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

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

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

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

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

CHANGES TO THESE NOTICES

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

CONTACT INFORMATION FOR THESE NOTICES

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

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

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

REVIEWED: January 2020

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

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

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

A Look at Your VSP Vision Coverage

With VSP and JOLIET PUBLIC SCHOOLS
DISTRICT 86, your health comes first.

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.

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With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.



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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.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.



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Extra

\$20

to spend on
Featured Brands†

bebe	Calvin Klein
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FLEXON	LONGCHAMP PARIS
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See all brands and offers
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Up to

40%

Savings on
lens enhancements‡

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Your VSP Vision Benefits Summary

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

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none">Focuses on your eyes and overall wellness	\$10	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">Retinal screening for members with diabetesAdditional 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*	<ul style="list-style-type: none">\$160 featured frame brands allowance\$140 frame allowance20% savings on the amount over your allowance	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 40% on other lens enhancements	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$140 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none">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. <p>Routine Retinal Screening</p> <ul style="list-style-type: none">No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none">Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilitiesAfter 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. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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- Grief, loss and life adjustments
- Relationship/marital conflicts

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

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

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