

**Enrollment Guide**

Village of Bloomingdale  
HMOI, BAHMO  
07/01/2023





# Get the Most from Your Health Plan

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

Read this guide to learn about benefits your employer is offering. Think about how you and your family will use these benefits. Learn more about products, services and how to be a smart health care user at [bcbsil.com](http://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 Members<sup>SM</sup>**

Go to [bcbsil.com/member](http://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](http://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 HMO Plans

**HMOs offer valuable benefits with the security of predictable copayments.**

The HMOs of Blue Cross and Blue Shield of Illinois (BCBSIL) provide the valuable benefits, member services and flexibility, along with the security of predictable copayments, so there are no financial surprises. Your employer may offer you the HMO Illinois<sup>®</sup> plan, the Blue Advantage HMO<sup>SM</sup> plan or a choice between the two.

When you join one of the HMOs of BCBSIL, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP). Your PCP provides or coordinates your health care, helps you make informed decisions and, when necessary, makes referrals to specialists who are usually within your medical group network. Each specialist referral is authorized for a specific number of visits or timeframe (up to one year).

In addition to their PCP, female members also have the option of choosing a woman's principal health care provider (WPHCP) to provide or coordinate their health care services. Your WPHCP and PCP must be affiliated with or employed by your participating medical group. Physicians in the same medical group do have a referral arrangement. You do not need a PCP referral to see your WPHCP.

## **HMO Networks**

HMO Illinois offers access to one of the largest contracting health care provider networks in Illinois. In fact, your regular doctor may already be part of the network. If your doctor is not in the network and you are undergoing a course of evaluation or medical treatment or are in your third trimester of pregnancy when you join the plan, you may request transition of care benefits. Benefits for transitional services may be authorized for up to 90 days. After this period, all care must be transferred to a new PCP or medical group in the HMO network. Contact Customer Service at the number on your BCBSIL ID card for more information.

The Blue Advantage HMO contracting provider network is a subset of the HMO Illinois network. Although smaller, it offers a broad choice of contracting providers and is for members who are looking for a more affordable health care plan. Blue Advantage HMO members also have access to the same contracting Illinois hospitals as HMO Illinois members for specialty care, with an approved referral from the member's contracting medical group.

## Medical Care

The range of benefits includes coverage for:

- Physician office visits
- Outpatient surgery and diagnostic tests
- Breast cancer screening
- Cervical cancer screening
- Prostate cancer screening
- Colon cancer screening
- Inpatient hospital services
- Maternity care
- Outpatient hospital services
- Mental health and substance use disorder – inpatient and outpatient treatment
- Rehabilitative therapy (such as physical, speech and occupational therapy)
- Inpatient and outpatient treatments

To find a medical group and PCP in the network, go to **bcbsil.com** and click on **Find a Doctor**. You also can refer to a printed directory. You can request a directory by calling Customer Service at the number on your BCBSIL ID card. Each covered family member can choose a different medical group or PCP from the network. It's also easy to change your PCP or medical group for any reason. To select a different PCP within your existing medical group, just call the medical group. To change your medical group, call Customer Service or use the Blue Access for Members<sup>SM</sup> online service at **bcbsil.com**. See Your Health Care Benefit Program booklet or call Customer Service for more information.

## Preventive Care

Another HMO benefit is coverage for preventive health services for children and adults, such as routine physicals, screenings, tests and immunizations, including childhood immunizations. Also, BCBSIL sends reminders to members to schedule flu shots, mammograms and Pap tests, and to have early childhood immunizations completed.

## Vision Care

The vision discount program is offered through a partnered company. You have access to one of the nation's largest networks of independent eye doctors and well-known retail providers – with many in-network providers offering extended weeknight and weekend hours. Call Customer Service at the number on the back of your ID card for more information.

## BlueCard®

This program covers HMO members traveling outside of Illinois who need medical attention. To learn more about this benefit, please call the number on your ID card. To find a contracting provider in the area in which you are traveling, call the BlueCard program toll-free at **800-810-BLUE (800-810-2583)** or search the Blue Cross and Blue Shield Association's website at **bcbs.com**. You can then call the provider directly to make an appointment. You pay the applicable copayment at the time of service and don't need to submit claim forms.

## Emergency Care

You receive health care coverage for hospital emergency room (ER) care, inpatient hospital care directly resulting from any medical emergency and ER follow-up care. Emergency care benefits cover members who have a medical emergency that may occur at any time. When a medical emergency occurs, first try to call your PCP. Someone from your medical group is available 24 hours a day, seven days a week. Your PCP or another doctor in your medical group may be able to treat you in the office. If you are unable to call your PCP, go directly to the nearest hospital emergency room and notify your PCP as soon as possible.

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

### **Reconstructive Surgery**

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

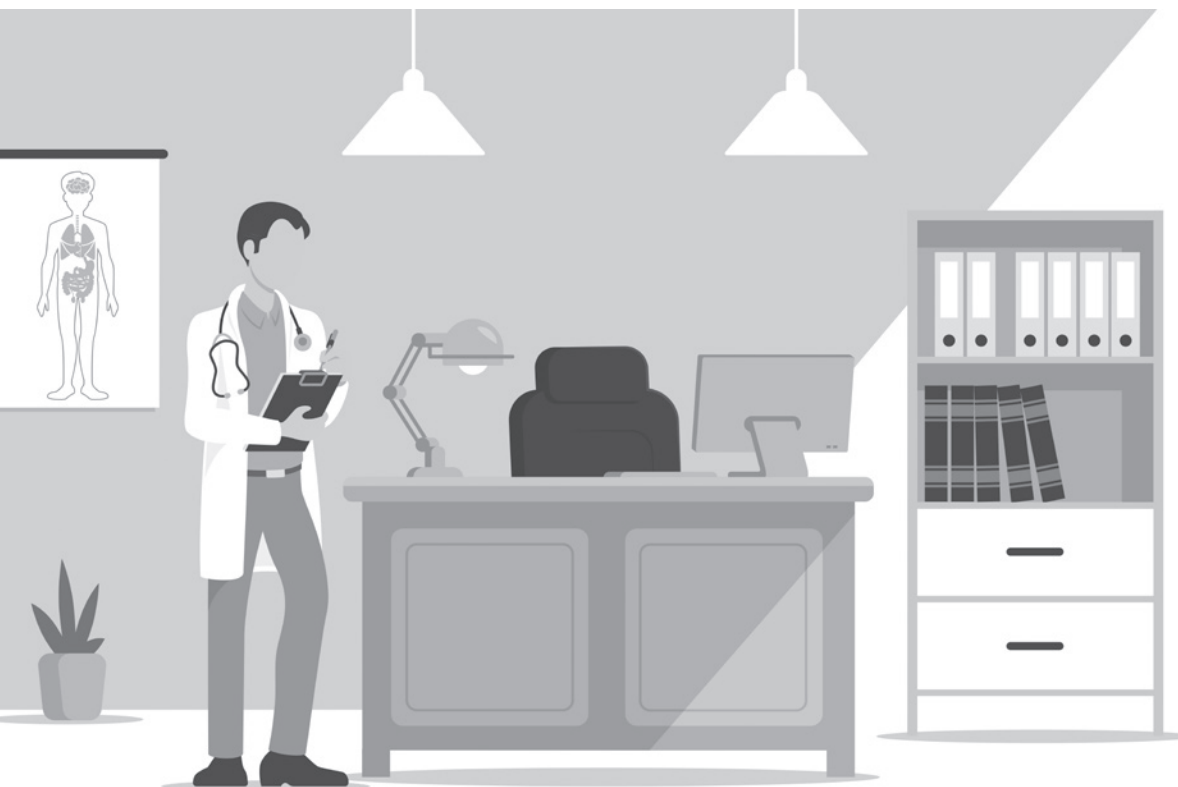
The HMOs of BCBSIL cover these procedures and annual mammograms when ordered by a member's PCP or WPHCP, subject to the terms of the member's applicable health care benefit coverage. Visit us at [bcbsil.com](http://bcbsil.com) or call Customer Service for more information.

### **Utilization Management**

The HMOs of BCBSIL support the belief that the best people to determine what medical care you need are you and your doctor. BCBSIL does not get involved in deciding your course of treatment. This sets it apart from most other HMOs. Your doctor is encouraged to listen to your concerns and discuss all treatment options with you to help you make informed decisions. Your network medical group may review certain referrals or procedures for appropriateness of care. Your HMO doesn't get involved unless you request an appeal from BCBSIL because you disagree with decisions made by your PCP or medical group.

### **Substance Use Disorder**

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



**If you have a question, visit [bcbsil.com](http://bcbsil.com) or call Customer Service at 800-892-2803.**



# Medical Plan Frequently Asked Questions

## **Q. Are my medical records kept confidential?**

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

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

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

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

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

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

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

Some options for non-emergency care include:

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

## Urgent Care or Freestanding Emergency Room?

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

### Freestanding ERs:

- Look like urgent care centers, but have EMERGENCY in the facility name.
- Are separate from a hospital but are equipped and work the same as an ER.
- Are staffed by board-certified ER physicians and are subject to the same ER copay.
- Find urgent care centers<sup>1</sup> near you by texting<sup>2</sup> **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.

<sup>1</sup>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.

<sup>2</sup>Message and data rates may apply. Read terms, conditions and privacy policy at [bcbsil.com/mobile/text-messaging](http://bcbsil.com/mobile/text-messaging).



Blue Access for Members<sup>SM</sup>

## 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 (BAM<sup>SM</sup>). You and all covered dependents age 18 and up can create a BAM account.

### With BAM, you can:

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

### It's easy to get started.

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



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


# 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<sup>SM</sup>** at [bcsil.com](http://bcsil.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
- A** Text\* **GOBCBSIL** to **33633** to download the mobile app.
- C** Have questions about this EOB? Customer Advocates are here to help! **XXX-XXX-XXXX**

**SUBSCRIBER INFORMATION**

**GROUP NAME**  
 Member ID#: XXXXXXXXXXXX777V 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\* GOBCBSIL to 33633 to download the app. You can also go digital by logging in at [bcsil.com/member](http://bcsil.com/member). Once logged in, navigate to Settings, click Preferences, then select 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 [bcsil.com](http://bcsil.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 [bcsil.com/text-messaging](http://bcsil.com/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.

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

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**CLAIM DETAIL (1 OF X)**

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

**Sample**

**CLAIM #** XXXXXXXXXXXXX **DATE PROCESSED:** 06/20/2020

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

**F SUBSCRIBER INFORMATION**  
**GROUP NAME**  
 Member ID#: XXXXXXXXXXX777V Group #: 000012345  
 Customer Advocates are here to help! XXX-XXX-XXXX

Amount Billed	\$7,850.00
Discounts and Reductions	-\$3,930.00
Health Plan Responsibility	-\$2,219.00
<b>You may owe your health care provider for these services</b>	<b>\$1,701.00</b>

Service Description	Service Dates	YOUR BENEFITS APPLIED				YOUR RESPONSIBILITY				
		Amount Billed <b>G</b>	Discounts and Reductions <b>H</b>	Amount Covered (Allowed) <b>I</b>	Health Plan Responsibility <b>J</b>	Deductible Amount <b>K</b>	Copay Amount <b>L</b>	Coinsurance <b>M</b>	Amount Not Covered <b>N</b>	Your Total Costs <b>O</b>
Surgical Charges	04/04/2020	4,000.00	(1) 1,800.00	2,200.00	960.00	1,000.00		240.00		1,240.00
Recovery Room	04/04/2020	900.00	(1) 410.00	490.00	392.00			98.00		98.00
Med/Surg Supplies	04/04/2020	300.00	(1) 140.00	160.00	128.00			32.00		32.00
Med/Surg Supplies	04/04/2020	100.00							(2) 100.00	100.00
Laboratory Services	04/04/2020	1,200.00	(1) 820.00	380.00	304.00			76.00		76.00
Laboratory Services	04/04/2020	400.00	(1) 270.00	130.00	72.00		50.00	8.00		58.00
MRI Outpatient	04/04/2020	950.00	(1) 490.00	460.00	363.00		15.00	82.00		97.00
<b>CLAIM TOTALS</b>		<b>\$7,850.00</b>	<b>\$3,930.00</b>	<b>\$3,820.00</b>	<b>\$2,219.00</b>	<b>\$1,000.00</b>	<b>\$65.00</b>	<b>\$536.00</b>	<b>\$100.00</b>	<b>\$1,701.00</b>

**Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-20.** **J<sup>2</sup>**

**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. **P**

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

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

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

242384.0421

**On Page Two You Can:**

**At a glance, confirm the:**

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

**Get the Details**

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

- G.** Amount Billed is the total amount your provider billed for the services.
- I.** Amount Covered (Allowed) is the amount billed (G) minus any discounts or reductions (H).
- J.** Health Plan Responsibility is the portion we paid to your provider.

**See Your Cost Share**

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

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

**O.** Your Total Costs is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments before beginning services. It also includes any amounts not covered by your health plan. The total cost in this column details the amount shown in the claim summary (O<sup>2</sup>). It does not include any amounts that a non-participating provider may bill you.

**Get More Information**

- Your EOB may include a little more information about:
- J<sup>2</sup>.** Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).
  - P.** Numbered notes give more details about discounts and reductions (H) and any amounts that aren't covered (N).
  - Q.** Health care plan maximums help you track your yearly out-of-pocket totals so you'll know when your patient cost-shares are met.

Sign up to get your EOBs online on **Blue Access for Members<sup>SM</sup>** or Text\* **GOBCBSIL to 33633** to download the mobile app.

\* Message and data rates may apply. See terms and conditions and our privacy policy at [bcbsil.com/text-messaging](http://bcbsil.com/text-messaging).

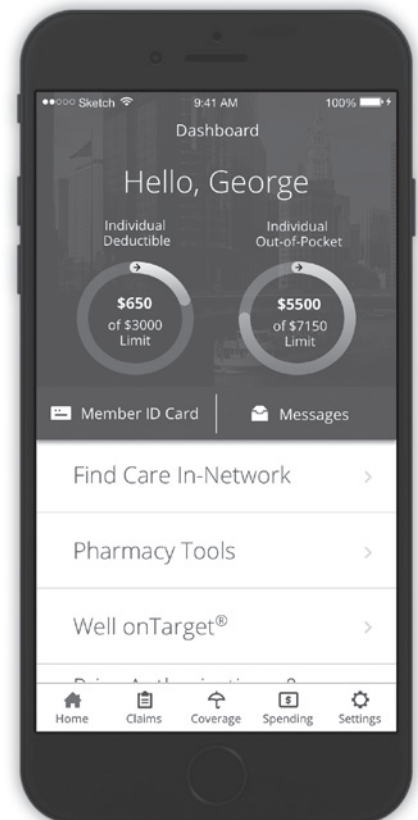
# We're with you wherever you go



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

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

**Text\*\* BCBSIL to 33633 to get the app.**



Available in Spanish

\* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

\*\* Message and data rates may apply. Terms and conditions and privacy policy at [bcbsil.com/mobile/text-messaging](https://bcbsil.com/mobile/text-messaging).

# Your Doctor Is In... Provider Finder<sup>®</sup>



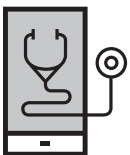
## It's now easier to find a provider and manage health care expenses.

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 Members<sup>SM</sup> (BAM<sup>SM</sup>) 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](https://bcbsil.com/mobile/text-messaging).

# Who Should You Call?

With your Illinois HMO benefit plan, you have chosen a medical group. It's important to know when to call the medical group and when to call customer service.



## Call your medical group to:

- Request a new referral to see a specialist or check status on an existing referral
- Choose or change your primary care physician
- Get contracted specialist lists
- Find immediate/urgent care choices and locations
- Get referrals or general information for behavioral health services

## Call Blue Cross and Blue Shield of Illinois (BCBSIL) customer service to:

- Ask questions about your benefit plan
- Sign up for guest membership, for out-of-area coverage when you travel or temporarily live out of state
- Discuss a concern about the care you received or file an appeal
- Change your address (employer notification may also be required)
- Get more information about a bill you received from a provider
- Change your medical group
- Order a temporary or replacement ID card

## Member Support



You can call your **medical group** at the number listed on the front of your ID card.



You can also call **BCBSIL customer service** at the toll-free number listed on the back of your ID card to talk to a representative in English or Spanish or use the automated prompts. We also have over-the-phone interpretation of more than 140 other languages, including French, Korean, Polish and Russian.



Another easy way to access health benefits information is through **Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>)**. Visit **bcbsil.com** to use BAM. Once signed up (all you need are your group and ID numbers, found on your member ID card), you can use the site to change your medical group, check claims, request a replacement ID card and find network doctors and hospitals.

The health support on hand through BAM gives you information and tools to help you care for or improve your health, understand and manage a health issue and make more informed health care decisions.



Or, download the BCBSIL app at the App Store or Google Play.

# Your Rights and Responsibilities

**As an HMO member, you have the following rights and responsibilities.**

<b>Membership</b>	
<b>You have the right to:</b>	<b>You have the responsibility to:</b>
Receive information about Blue Cross and Blue Shield of Illinois (BCBSIL) benefit programs and covered services, as well as which network providers are available for you to receive the maximum level of benefits.	Read all BCBSIL benefit materials, become familiar with your plan and ask questions when necessary.
Select a medical group and a primary care physician (PCP) from the appropriate HMO network. You also have the right to change your PCP and/or medical group at any time.	Develop a relationship with your health care providers based on trust and cooperation.
Receive a BCBSIL member ID card.	Carry your BCBSIL ID card in the event you need to receive health care services.
Obtain a copy of your rights and responsibilities as a member and make recommendations regarding its content.	Follow the member guidelines for your health care benefit plan.
Choose an OB/GYN as your woman's principal health care provider (WPHCP) or additional OB/GYN PCP as outlined in your health plan guidelines.	Notify BCBSIL or your medical group if you wish to change your WPHCP and/or OB/GYN PCP.

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

# Your Rights and Responsibilities

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





# 24/7 Nurseline

## Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline\*.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.



Call the 24/7 Nurseline number on the back of your member ID card.

Hours of Operation:  
**Anytime**



# It's Okay to Need Help

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

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

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

## **Mental health is just as important as physical health.**

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

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

## **Your journey is one-of-a-kind.**

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

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

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



## More Resources for Your Mental Wellbeing

### Digital Mental Health

Help for stress, depression, panic, resilience and other mental health concerns is just a click away. Confidential online programs are available through Learn to Live<sup>2</sup> at no added cost to you. Log in at [bcbsil.com](https://bcbsil.com), then go to **Wellness** to learn more.

### When you're ready, we're here.

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

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

1. Centers for Disease Control and Prevention, 2022. [cdc.gov/mentalhealth/learn/index.htm](https://cdc.gov/mentalhealth/learn/index.htm)

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

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

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

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.



# Here's One Call You Don't Want to Miss

If you get a call from Blue Cross and Blue Shield of Illinois (BCBSIL), we're calling to help you take good care of your health. Please answer or call us back.

Your health plan includes support for you and your covered family members from nurses and other medical professionals called health advisors.\* This extra help is at no added cost to you.

## **BCBSIL may call to help you:**

- Get the care you need for serious illnesses or injuries
- Have a healthy pregnancy and baby
- If you have been in the hospital or have had a major surgery

Calls from health advisors are not sales calls. We may ask you for information, like your name, date of birth or home address, to make sure that we are talking to the right person.

If we miss you, we will leave a message with a number for you to call us back at your convenience. We're here for you!

## **Connect with Us – Your Way**

You can set the time you want your health advisor to call or send them messages in your Blue Access for Members<sup>SM</sup> account.

They can also email or text you helpful information. Any information you share with BCBSIL is confidential, as required by law.



# 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](http://wellontarget.com)\*. It links you to a suite of inviting programs and tools.

- **Health Assessment (HA)<sup>1</sup>:** 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<sup>SM,2</sup>

Start experiencing the wellness portal today. Go to [wellontarget.com](http://wellontarget.com).

Well onTarget®

\*Members can use their Blue Access for Members<sup>SM</sup> 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.<sup>3</sup>
- **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.

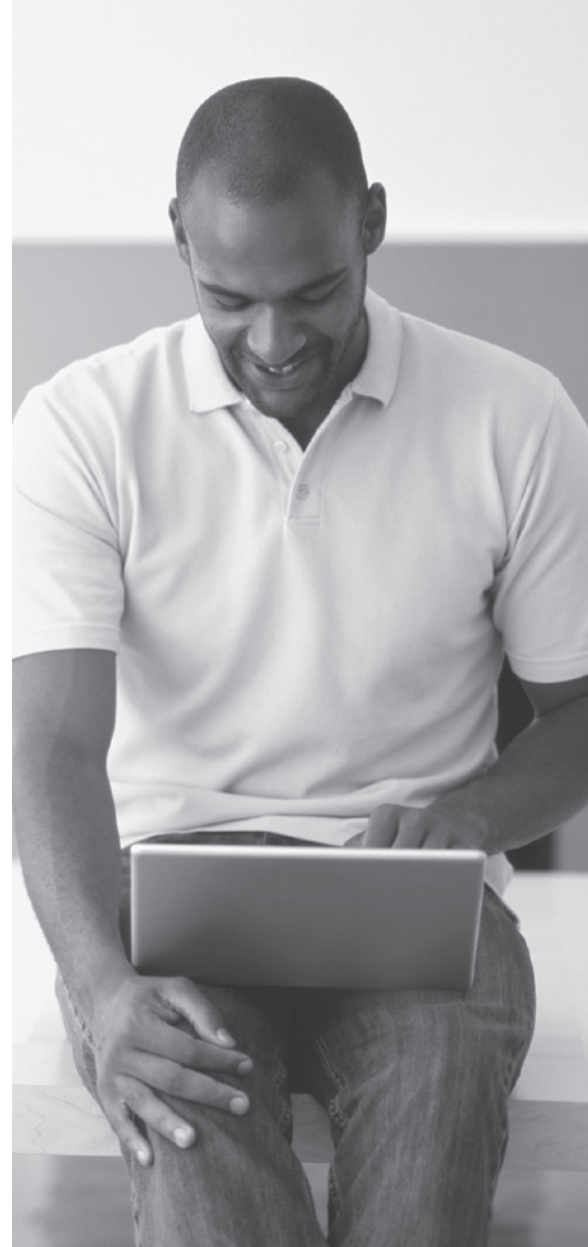
Other program perks include:

- **No long-term contract:** Membership is month to month. Flexible plans from \$19 to \$99 per month and studio classes are available.<sup>4</sup>
- **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](http://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](http://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.



# Are You Living a Healthy Lifestyle?

## Take the Health Assessment and Find Out

### **Answer a few questions to get your wellness report.**

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

### **Can you spare some time for your health?**

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

### **You'll get feedback immediately.**

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

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

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

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

Well onTarget®

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

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

### **Get started today.**

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

- 1. Visit [wellontarget.com](http://wellontarget.com) and log in.** If you have an existing Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) account, use your BAM username and password. If you aren't a registered user yet, click "Register Now" to create an account.
- 2. If you have not taken your HA, there will be a pop-up notification after you log in.** You can also take your HA by clicking on "Start" in the "Health Assessment" box at the top of your dashboard. Once you have completed the HA, your reports will be available in this section.

### **How will the Health Assessment be personalized?**

You will begin by answering a few basic questions. Then, you'll answer more detailed questions based on your answers to the first set of questions. Your health status and lifestyle will determine which questions you will be asked.

Your answers will help tailor the Well onTarget Member Wellness Portal with programs that could help you reach your health goals. You can take the HA twice a year to check your progress and earn Blue Points.



### **Take Your Health Assessment on the Go**

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



### **What should I do with my results?**

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

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

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

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

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



# Experience Wellness Your Way

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- **Self-Management Programs:** These programs let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, managing stress and more. Track your progress as you make your way through each lesson.

Start experiencing the wellness portal today. Go to [wellontarget.com](http://wellontarget.com).

Well onTarget®

\*Members can use their Blue Access for Members<sup>SM</sup> credentials to access the wellontarget.com site.

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- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.
- **Fitness Tracking:** Track your fitness activity using popular fitness devices and mobile apps.
- **Health and wellness content:** Reader-friendly articles about conditions and medicines.

## Fitness Program

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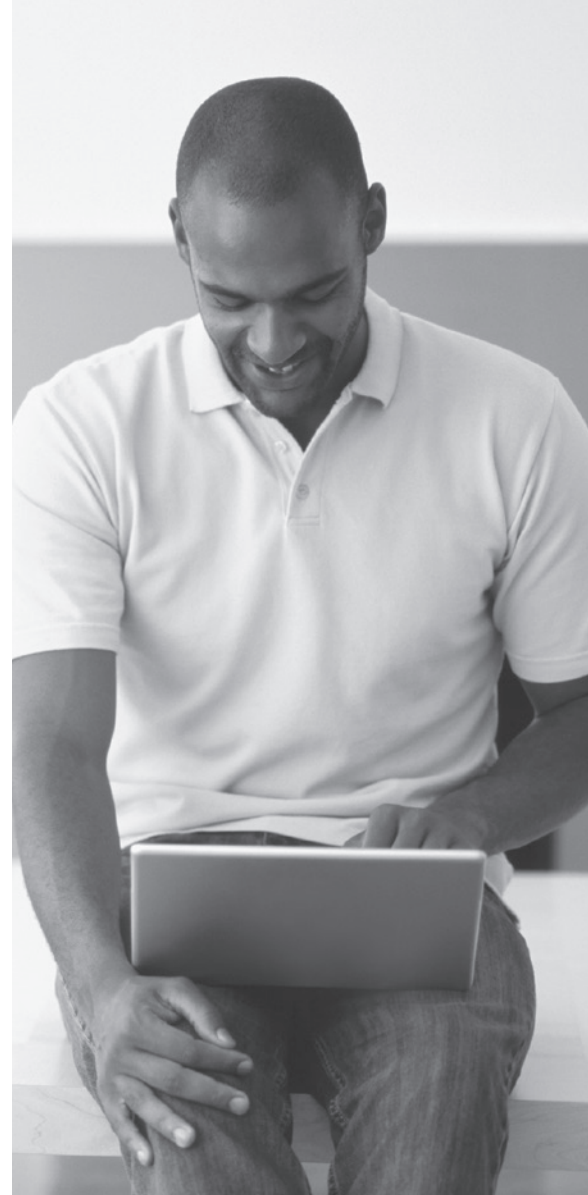
Other program perks include:

- **No long-term contract:** Membership is month to month. Flexible plans from \$19 to \$99 per month and studio classes are available.<sup>2</sup>
- **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](http://whlchoices.com)<sup>3</sup>.

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.



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

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

## **Member Wellness Portal**

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

Well onTarget®

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

The suite of programs and tools include:

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

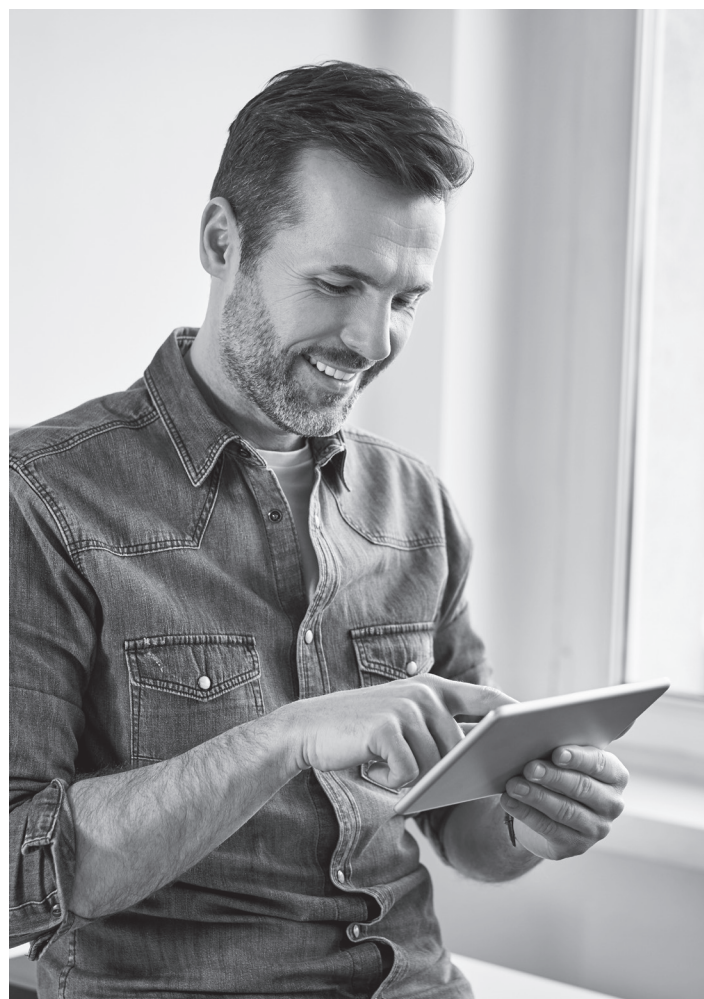
## How to Access the Portal

Use your Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) account:

- Log in to BAM at [bcbsil.com/members](https://bcbsil.com/members). If this is your first time logging in, you will need to register your account. Click **Register Now** on the login screen.
- Once you are in BAM, click on the **Wellness tab**. You will be taken to the Well onTarget portal.

## Questions?

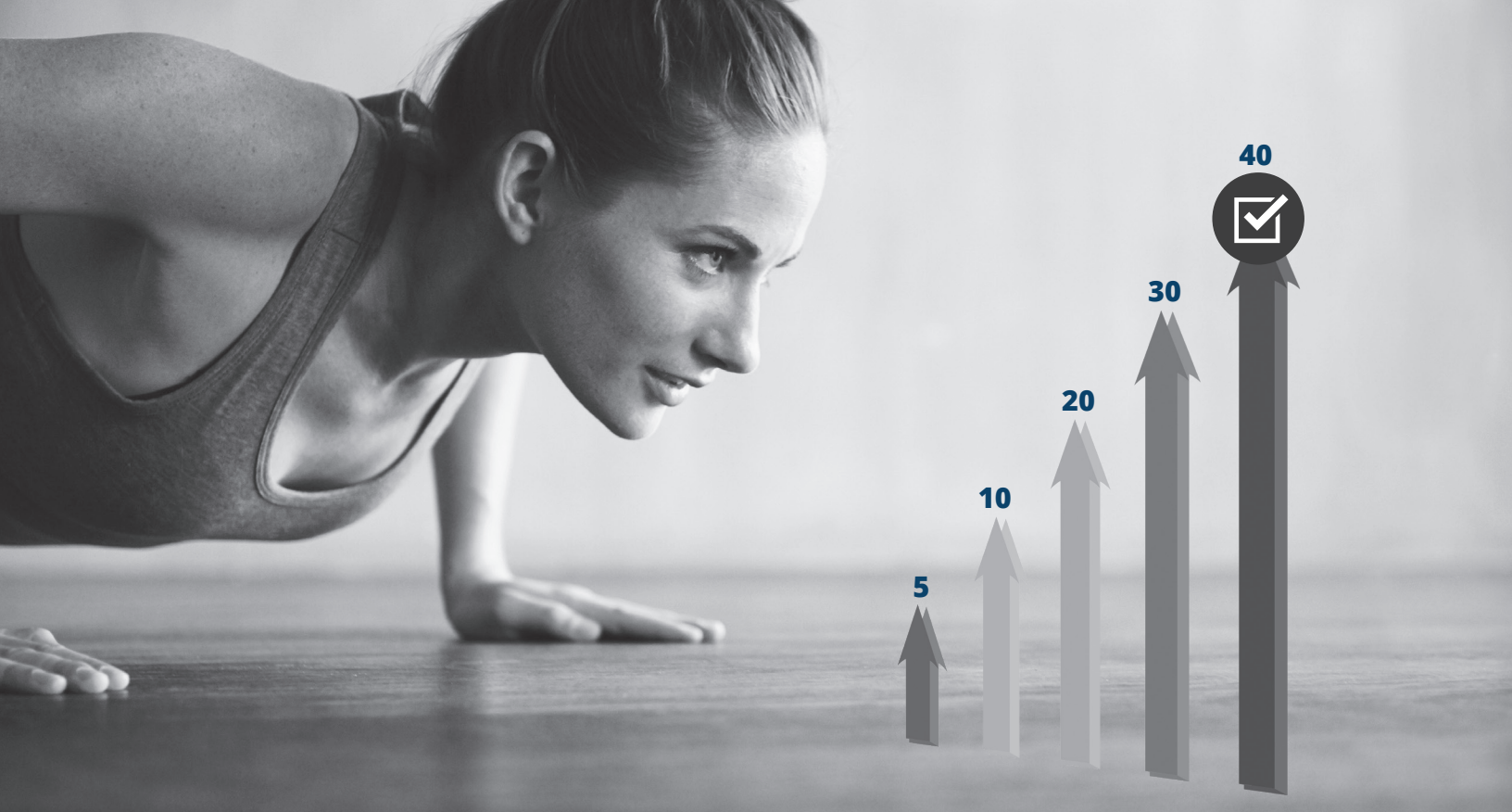
If you have any questions about Well onTarget, call Customer Service at **877-806-9380**.



**Log in to the Well onTarget  
Member Wellness Portal today!**

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

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



# 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 <sup>†</sup>	Digital Access Only	3,000	7,500	12,000	12,400
<b>\$19 Enrollment Fee (No Enrollment fee for Digital Only Option)</b>					

- **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.

<sup>†</sup> 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](http://www.whlchoices.com).\*\*\*
- **Blue Points<sup>SM</sup>:** 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](http://bcbsil.com) and log in to Blue Access for Members<sup>SM</sup>.
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.

# 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](https://blue365deals.com/bcbsil), weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

### Below are some of the ongoing deals offered through Blue365.

#### **EyeMed® | Davis Vision®**

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

#### **TruHearing® | Beltone™ | Start Hearing**

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

#### **Dental Solutions<sup>SM</sup>**

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

#### **Sun Basket | Nutrisystem®**

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

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



### **Fitbit®**

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

### **Reebok | SKECHERS®**

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

### **InVite® Health**

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

### **Livekick**

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

### **eMindful**

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

**For more great deals or to  
learn more about Blue365,  
visit [blue365deals.com/bcbsil](http://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.



# Take Advantage of Preventive Services



## Your family's track to better health begins with a single step

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. This is true even if you haven't met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year,

recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).



**FOR ADULTS**

Annual preventive medical history and physical exam



**SCREENINGS FOR**

- Abdominal aortic aneurysm
- Alcohol abuse and tobacco use
- Anxiety
- Breast cancer screening, breast cancer prevention medication, genetic testing and counseling
- Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- Cervical cancer screening
- Colorectal and lung cancer
- Depression
- Falls prevention
- High blood pressure, obesity, prediabetes and diabetes
- Human papillomavirus (HPV) DNA test
- Osteoporosis screening
- PrEP medication use for the prevention of HIV including baseline and monitoring services
- Sexually transmitted infections, Chlamydia, gonorrhea, syphilis, HIV, HPV and hepatitis B
- Tuberculosis

**COUNSELING FOR**

- Alcohol and drug misuse
- Domestic violence
- Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular disease risk factors
- Obesity
- Sexually transmitted infections
- Skin cancer prevention
- Tobacco use, including certain medicine to stop
- Urinary incontinence screening

**CERTAIN VACCINES**

Learn more on immunization recommendations and schedules by visiting: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)



- COVID-19\*
- Diphtheria, Pertussis ("Whooping Cough"), Tetanus
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A and B
- Human Papillomavirus (HPV)

- Inactivated Poliovirus (Polio)
- Influenza (Flu)
- Measles, Mumps, Rubella (MMR)
- Meningitis
- Pneumococcal
- Rotavirus
- Varicella (Chicken Pox)
- Zoster (Herpes, Shingles)

**PREGNANCY**



- Aspirin for preeclampsia prevention
- Breastfeeding support, supplies and counseling
- Counseling for alcohol and tobacco use during pregnancy
- Counseling for healthy weight gain during pregnancy
- Diabetes screening after pregnancy
- Folic acid supplementation during pregnancy
- Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility, preeclampsia and perinatal depression

**FOR CHILDREN**

Annual preventive medical history and physical exam



**SCREENINGS FOR**

- Anxiety
- Autism
- Cervical dysplasia
- Critical congenital heart defect screening for newborns
- Depression
- Developmental delays
- Dyslipidemia (for children at higher risk)
- Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin
- Lead poisoning
- Obesity
- Sexually transmitted infections and HIV
- Tuberculosis
- Vision screening

**ASSESSMENTS AND COUNSELING**

- Alcohol and drug use assessment for adolescents
- Obesity counseling
- Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- Skin cancer prevention counseling
- Tobacco cessation

\* Only certain vaccines are recommended for children and adolescents. Vaccines should be administered in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP)

<sup>1</sup> Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card.



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

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

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

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

## Children's Wellness Guidelines

### Laying the Groundwork for a Healthy Tomorrow

#### Children's Health

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

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

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

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

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

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

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

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

## Routine Children's Immunization Schedule<sup>1</sup>

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

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

## Adolescents

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

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

## Recommended Immunizations for ages 7 to 18<sup>1</sup>

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

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

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

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

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

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

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

<b>Get a copy of your health and claims records</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We may say “no” to your request. We’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us <b>not</b> 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.</li> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
<b>Get a copy of this Notice</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We confirm this information before we release them any of your information.</li> </ul>

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**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/](http://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.

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**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.

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**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.*

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

- Marketing purposes
- Sale of your information

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**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.

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**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.*

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**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.*

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**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.*

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**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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

- |  |   |
|--|---|
| <b>Help with public health and safety issues</b>                                     | <ul style="list-style-type: none"> <li>• We can share your health information for certain situations such as:               <ul style="list-style-type: none"> <li>- Preventing disease</li> <li>- Helping with product recalls</li> <li>- Reporting adverse reactions to medications</li> <li>- Reporting suspected abuse, neglect or domestic violence</li> <li>- Preventing or reducing a serious threat to anyone's health or safety</li> </ul> </li> </ul>   |
| <b>Do research</b>   | <ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>   |
| <b>Comply with the law</b>   | <ul style="list-style-type: none"> <li>• 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.</li> </ul>   |
| <b>Respond to organ/tissue donation requests and work with certain professionals</b> | <ul style="list-style-type: none"> <li>• We can share health information about you with an organ procurement organization.</li> <li>• We can share information with a medical examiner, coroner or funeral director.</li> </ul>   |
| <b>Address workers compensation, law enforcement, and Other government requests</b>  | <ul style="list-style-type: none"> <li>• We can use or share health information about you:               <ul style="list-style-type: none"> <li>- For workers compensation claims</li> <li>- For law enforcement purposes or with a law enforcement official</li> <li>- With health oversight agencies for activities authorized by law</li> <li>- For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates.</li> </ul> </li> </ul> |
| <b>Respond to lawsuits And legal actions</b>   | <ul style="list-style-type: none"> <li>• We can share health information about you in response to an administrative or court order, or in response to a subpoena.</li> </ul>  |
| <b>Certain health information</b>  | <ul style="list-style-type: none"> <li>• 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.</li> </ul>   |

**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

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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.

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### 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.

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### 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](http://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
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**REVIEWED: January 2020**

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**Health care coverage is important for everyone.**

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

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

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

Office of Civil Rights Coordinator  
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](mailto:CivilRightsCoordinator@hcsc.net)

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

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

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

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

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



BlueCross BlueShield  
of Illinois

# Group Enrollment Application | Change Form

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

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

# ENROLLMENT APPLICATION/CHANGE FORM INSTRUCTIONS

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

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

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

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

# ENROLLMENT APPLICATION/CHANGE FORM



Group #

Section #

Social Security #

Account #

Category

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

<b>SECTION 2 — PLEASE TELL US ABOUT YOURSELF</b>		COMPLETE EVEN IF DECLINING COVERAGE	
Last Name	First Name	MI (opt)	Suffix
Mailing Address - Street - Apt #		City	State
Email Address		<input type="checkbox"/> Male <input type="checkbox"/> Female	Home/Cell Phone #
Name of Employer	Job Title	Business Phone #	Employment Date (MM/DD/YYYY)
Eligibility Status:   Active Employee   Retired Employee - Date of Retirement: _____		COBRA Coverage Start Date _____	Projected End Date _____
<input type="checkbox"/> Illinois Continuation (insured plans only) Start Date _____ Projected End Date _____			

<b>SECTION 3 — SELECT YOUR COVERAGE</b>		PLEASE CHECK ALL THAT APPLY	
<b>Small Group Plans (1-50 Employees)</b>			
<b>Affordable Care Act Plans</b> <input type="checkbox"/> PPO <input type="checkbox"/> Other _____ <input type="checkbox"/> Blue Choice Preferred PPO <sup>SM</sup> <input type="checkbox"/> Blue Options <sup>SM</sup> <input type="checkbox"/> Blue Precision HMO <sup>SM</sup> <input type="checkbox"/> BlueCare Direct <sup>SM</sup> Plan # (required) _____		<b>Grandfathered and Grandmothered/Transitional Plans</b> <input type="checkbox"/> Blue Advantage Entrepreneur PPO <sup>SM</sup> <input type="checkbox"/> Blue Advantage HMO <sup>SM</sup> <input type="checkbox"/> Blue Choice Select PPO <sup>SM</sup> <input type="checkbox"/> Blue Advantage HMO Value Choice <sup>SM</sup> <input type="checkbox"/> BlueEdge Select HSA <sup>SM</sup> <input type="checkbox"/> Community Participation Organization (CPO) <input type="checkbox"/> BlueEdge HSA <sup>SM</sup> <input type="checkbox"/> CPO Value Choice <input type="checkbox"/> BlueEdge HCA Direct <sup>SM</sup> <input type="checkbox"/> Other _____ Plan # (required) _____	

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

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

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

Primary Language: \_\_\_\_\_

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

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

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

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

Group Dependents' Life    I do not apply    I do apply

Group Supplemental Life    I do not apply    I do apply

Employee Election: \$ \_\_\_\_\_ Spouse Election: \$ \_\_\_\_\_ Child Election: \$ \_\_\_\_\_

Short-Term Disability    I do not apply    I do apply

Long-Term Disability    I do not apply    I do apply

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

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





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

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

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

**SECTION 9 — COVERAGE CONDITIONS**

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

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Health care coverage is important for everyone.**

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

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

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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
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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: <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a> Complaint Forms: <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a>
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If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

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

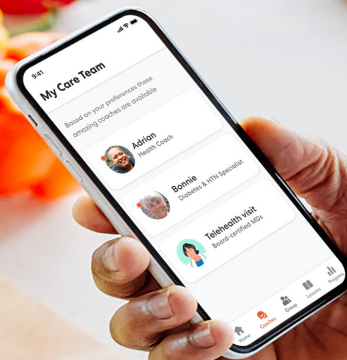


## Additional Information





# Get healthy your way



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

## What you'll get with Omada:

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

## Do what works for you

Find healthy habits and routines that work for you.

## 24/7 access to support

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

## You decide what 'healthy' means

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

## The best part? It's covered.

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

Learn more:

[omadahealth.com/myplan-member](https://omadahealth.com/myplan-member)

With Omada, there's  
a program for you



Weight loss &  
overall health



High blood pressure





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