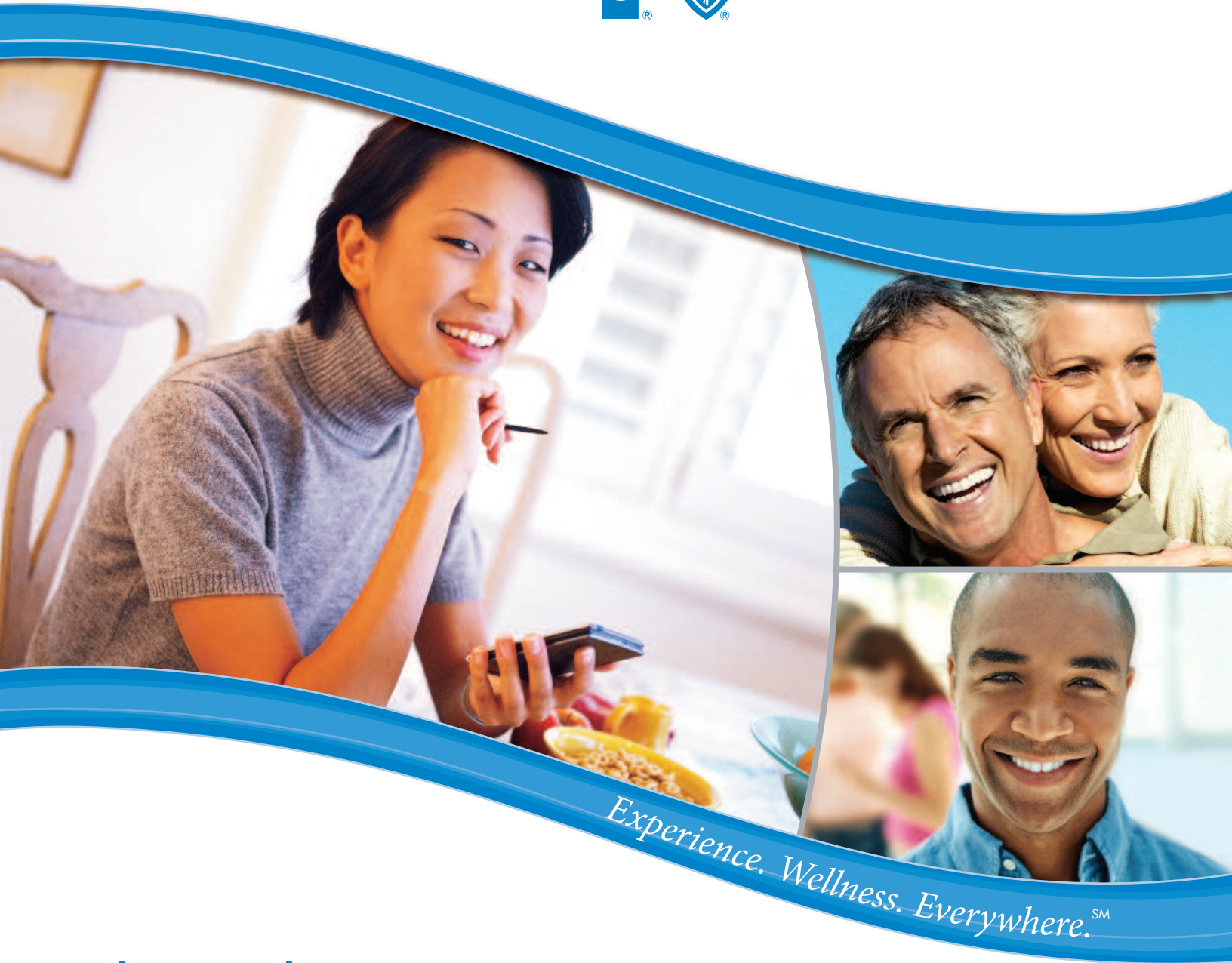




BlueCross BlueShield
of Illinois



Experience. Wellness. Everywhere.SM

BlueAdvantageSM HMO

HMO Illinois

Enrollment Guide

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Our HMOs have been awarded an Excellent Accreditation from the National Committee for Quality Assurance (NCQA). This accreditation level is awarded to plans that demonstrate levels of service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement. The NCQA results are publicly reported in five categories:

- Access and Service
- Qualified Providers
- Staying Healthy
- Getting Better
- Living with Illness

Learn | About Us



Take charge of your health with a Blue Cross and Blue Shield HMO. From preventive care and wellness visits to online tools to help you better understand and manage your health, you'll have the resources you need.

A Leader in Health Care Benefits — Blue Cross and Blue Shield of Illinois

More Illinois residents get their health care benefits from Blue Cross and Blue Shield of Illinois (BCBSIL) than from any other health insurer in the state.

We've been a leader for longer than most plans have been around. For 70 years, Blue Cross and Blue Shield of Illinois has been providing innovative and affordable health care benefit plans.

Our HMOs — A Powerful Choice

Our 30 years' experience in providing managed care benefits tells only part of the Blue Cross and Blue Shield of Illinois HMO story. Over 830,000 people currently rely on us to provide their HMO health care benefits, more than any other HMO in the state. As an HMO member, you choose a contracting medical group/independent practice association[†] and doctor from the HMO network. Then, you and your primary care physician (PCP) work together to make medical decisions regarding your health.*

Your HMO plan – BlueAdvantage HMO or HMO Illinois – provides the health care benefits you want, including preventive care, emergency treatment and care when you're away from home; plus, you have access to wellness resources.

You never have to pay an annual deductible or percentage of the bill, so there are no financial surprises. You have a predictable copayment and, as long as your PCP provides or coordinates your care, generally there are no claim forms or other paperwork to complete.

With increasing pressure to mitigate health care costs and provide a multitude of services and options, CDHP (Consumer Driven Health Plans) have become a powerful and growing force in the Healthcare Industry. The flexibility of such programs allows members to customize their health plans to their specific needs and desires. Increased investor options, payment flexibility, and real time web interface are just some of the highlights of new CDHP platforms. Members are granted greater transparency to their healthcare services and are engaged at all levels of their health plan. Increases in member engagement allows providers better information in order to service the member, and increase the flow of communication between member and provider. Members are rewarded for active and consistent participation in their health plan in a multitude of ways which include earning additional funds and easier access to spending funds. CDHPs offer members much greater flexibility and options in terms of financing, payment, rewards, and service innovation.

[†]Referred to as medical groups or group throughout this guide.

*Doctors who contract with the PCP and specialist networks are independent contractors and are not employees or agents of the BCBSIL HMO plan. These providers contract independently with the medical groups which, in turn, contract with the HMO plan. The plan contracts with network medical groups, not with individual doctors.



Benefits | Overview

Both BlueAdvantage HMO and HMO Illinois provide the same valued benefits, member services and flexibility you expect from the trusted Blue Cross and Blue Shield name. *Your employer may offer one or both HMOs.*

When you join one of our HMOs, you choose a contracting medical group and then a family practitioner, internist or pediatrician from the network 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, generally 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, women also have the option of choosing a Woman's Principal Health Care Provider (**WPHCP**) to provide or coordinate their health care services. The WPHCP and PCP must have a referral arrangement with one another. (Physicians in the same medical group do have a referral arrangement.) Women do not need a PCP referral to see their WPHCP.

The Networks

The **BlueAdvantage HMO** contracting provider network is a subset of the network offered to HMO Illinois members, with a smaller – but still broad – contracting health care provider network. Tailored for members who prefer a more affordable health care plan, BlueAdvantage HMO premiums are typically less than HMO Illinois premiums. Members have access to the same contracting Illinois hospitals as HMO Illinois members for specialty care, upon an approved referral from the member's contracting medical group.

HMO Illinois offers one of the largest contracting health care provider networks in Illinois – many members do not need to change doctors when they join. However, HMO Illinois is typically offered at a higher premium cost than BlueAdvantage HMO.

To help find the medical group and PCP of your choice in your network – BlueAdvantage HMO or HMO Illinois – search our **Provider Finder**[®] online at www.bcbsil.com or use the provider directory. Each covered family member can choose a different medical group or PCP from the network. Also, it's easy to change your PCP or medical group if you want. See *Your Health Care Benefit Program* booklet for more information.



HMO members
can choose a
different medical
group and primary
care physician
for **each**
family member.

Benefits Overview *continued*

Medical Care

The range of benefits includes coverage for:

- Physician office visits
- Outpatient surgery and diagnostic tests
- Breast and cervical cancer screenings
- Prostate cancer screening
- Colon cancer screening
- Inpatient hospital services
- Maternity care
- Outpatient hospital services
- Mental health and chemical dependency — inpatient and outpatient treatment
- Rehabilitative therapy (such as physical, speech and occupational therapy)
- Inpatient and outpatient treatments

If you have a chronic condition, you'll be glad to know that your HMO has no pre-existing condition limitations. We offer programs to help people with asthma, diabetes and other chronic health problems manage their conditions.

Preventive Care

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

From **preventive care**
to **emergency care**, you're covered.

Emergency Care

If you, as a prudent layperson with an average knowledge of health and medicine, need to go to the emergency room of any hospital, your care will be covered.

When a medical emergency occurs, we recommend you first 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.



Benefits Overview *continued*

Out-of-Area Coverage

The HMOs of Blue Cross and Blue Shield of Illinois give you access to health care benefits when traveling or temporarily living out-of-state.

Guest Membership

This program covers members who are living out of the participating service area for at least 90 consecutive days. You can become a Guest Member with full benefits through a Blue Cross and Blue Shield HMO in another state.

Guest Membership is a particularly valuable benefit for covered students who are living out-of-state while attending school or for members on extended travel out-of-state.

To find out if guest membership is available at your destination or to sign up with a host Blue Cross and Blue Shield HMO in another state, members must call Member Services before leaving home.

BlueCard® Urgent CareSM

This program covers HMO members traveling outside of Illinois who need medical attention for a condition that is not an emergency.

To find a contracting provider in the area, you need to call the BlueCard program toll free at (800) 810-BLUE (2583) or search the Blue Cross and Blue Shield Association's Web site at www.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.

Prescription Drug Card Program

Your HMO benefits may also include prescription drug coverage. The outpatient prescription drug program is based on a tiered formulary structure. The formulary is a list of all generic drugs and a large selection of brand drugs. The formulary is regularly reviewed and revised and is subject to change throughout the year.

While coverage may vary depending on your health care benefit plan, you usually pay less for covered formulary drugs than for non-formulary drugs. The BCBSIL formulary structure provides coverage for nearly all drugs even if they are not on the formulary. Check the formulary list at www.bcbsil.com.

A man with dark, wavy hair and a friendly smile is sitting on a wooden bench. He is wearing a light-colored, checkered blazer over a dark shirt and dark trousers. The background is a blurred outdoor setting with a concrete wall and a wooden beam.

HMO members **enjoy**
health care **benefits**
when traveling or temporarily
living out-of-state.

Benefits Overview *continued*

BlueExtrasSM – more ways to save money

Through the BlueExtras discount program, all Blue Cross and Blue Shield of Illinois (BCBSIL) members are eligible to save money on value-added health care products and services that help support healthy lifestyles. These discounts are for health care products and services not usually covered by your health benefits plan. There are no claims to file, no referrals and no pre-authorizations. And there is no additional fee to participate – it's just one more benefit of being a BCBSIL member!

If you are already a BCBSIL member, log on to Blue Access[®] for Members for details about your coverage and benefits, including specific BlueExtras discount amounts.

Weight Management Discount Programs

Jenny Craig

Jenny Craig is a long-term food/body/mind solution that can help you manage your weight by teaching you how to create a healthy relationship with food, build an active lifestyle and develop a balanced approach to living. To find the nearest Jenny Craig Centre, or to enroll in Jenny Direct – the at-home program – call (800) 597-Jenny (800-597-5366) or visit the Jenny Craig Web site at www.jennycraig.com.

Curves

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

Complementary Alternative Medicine Discount Programs

Complementary Alternative Medicine (CAM) includes a variety of therapies that may help to increase wellness, prevent illness and address existing symptoms and conditions. Through BlueExtras, you're automatically eligible to receive discounts from a network of more than 35,000 practitioners, spas and wellness and fitness centers. You're also eligible to receive discounts on vitamins, herbal supplements and health-related magazines. Note that your plan may provide benefits for chiropractic, physical, occupational and other therapies, as well as certain registered dietitian services.



Vision Care Program

You have coverage for one eye examination every 12 months for the cost of your PCP or wellness copayment, when you visit a network provider. As part of the BlueExtrasSM discount program, you can receive discounts on lenses, frames, lens add-ons and contact lenses through a network provider.* A referral from your PCP is not necessary. The vision discount program and HMO vision benefit program are administered by Davis Vision, Inc.**

In addition to discounts on eye examinations and eyewear, you have access to discounts on laser vision correction through Davis Vision, featuring the TruVision** network. You can also receive discounted pricing on replacement contact lenses through Davis Vision's Lens 1 2 3[®] Mail Order Contact Lens Replacement Program.

To contact Davis Vision customer service or for more information about laser vision correction, call (877) 393-8844. For details about replacement contact lenses, call (800) LENS-123. To locate a Davis Vision provider convenient to you, visit www.bcbsil.com and search the Provider Finder.[®]

Hearing Aid Discount Program

You can purchase hearing aids at a reduced price through a discount program arranged with TruHearing.* The program includes a free hearing screening from the TruHearing provider through which a hearing aid is purchased. This program is available to you and your covered dependents, as well as your parents and grandparents who are not enrolled in a Blue Cross and Blue Shield plan.

Mental Health and Chemical Dependency

Inpatient and outpatient mental health care are covered services. Outpatient chemical dependency treatment is provided at contracting facilities and a PCP referral is not needed. Call the number on the back of your ID card to locate a participating chemical dependency provider.

**Hospital emergency room visits,
chemical dependency treatment and
vision screenings do not require referrals.**

*The vision discount program is a discount program only. It is available to Blue Cross and Blue Shield of Illinois members at no additional charge and is not a part of their health care benefits.

**The relationships between Blue Cross and Blue Shield of Illinois and Davis Vision, Inc., and Davis Vision, Inc., on behalf of TruVision are that of independent contractors.



Benefits Overview *continued*

Utilization Management

The HMOs of Blue Cross and Blue Shield of Illinois believe that the best people to determine what medical care you need are you and your doctor. We don't get involved in deciding your course of treatment. This sets us 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 appeal to us because you disagree with decisions made by your PCP or medical group.

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 that cover mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment for physical complications for all stages of mastectomy care, including lymphedemas.

The HMOs of Blue Cross and Blue Shield cover these procedures and annual mammograms when ordered by a member's primary care physician or Woman's Principal Health Care Provider, subject to the terms of the member's applicable health care benefit coverage. Visit us at www.bcbsil.com or call Member Services for more information.

Fraud Hot Line

We encourage you to report any information about health care fraud. Our fraud hot line is available 24 hours a day, seven days a week toll free at (800) 543-0867. For more information about our fraud awareness program, go to www.bcbsil.com/sid.

Our online services

let you **access information and resources** at
your convenience.





Member Services

When you join a Blue Cross and Blue Shield HMO, you get more than just a health care benefit plan. We help you understand and use your benefits. If you have a question, visit www.bcbsil.com or call Member Services at (800) 892-2803. Most questions or issues are resolved with one phone call.

You'll also receive a welcome call, easy-to-use booklets, a newsletter and an ID card for each covered family member. Our Language Line provides over-the-phone interpretation of more than 140 languages, including Spanish, French, Korean, Polish and Russian.

Online Features

Visit www.bcbsil.com to learn more about your HMO benefits and select a network doctor or hospital by clicking on Provider Finder. You'll also want to use **Blue Access® for Members**, our secure online service, to:

- Confirm covered dependents
- Change network medical groups
- Request a replacement ID card and print a temporary replacement letter
- Access extensive health and wellness information through the Personal Health Manager
- Compare network hospitals with our Hospital Comparison Tool by searching outcome data on specific diagnoses and procedures to help select a hospital that best meets your needs
- Check the status of claims submitted to BCBSIL

The Personal Health Manager, our online suite of health resources available through Blue Access for Members, gives you information and tools to help you maintain or improve your health, understand and manage a health condition, and make more informed health care decisions. You can:

- Complete the Health Risk Assessment
- Ask health professionals questions using the “Ask A” features
- Find helpful tools to start a fitness program or improve your diet
- Access health and wellness information and much more



Plus, you can earn **Blue PointsSM** every time you track a fitness workout, report a meal, ask a health-related question or use other tools in the *For Your Health* section of the Personal Health Manager. These points are redeemable for health improvement products and other items.

Questions | Frequently Asked

Can I continue to see my current doctor when I join?

Your doctor may already be in the HMO network. If, however, your doctor is not in the network and you are undergoing a course of evaluation and/or medical treatment or are in the second or 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 transitioned to a new PCP/medical group in the HMO network. Contact Member Services for more information.

How do I change my PCP or medical group?

To select a different PCP within your existing medical group, just call the medical group. To change your medical group, call Member Services or use our Blue Access for Members online service at www.bcbsil.com.

What happens if I get sick when I am out of town?

If you have a medical emergency while outside your HMO service area, go to the nearest hospital emergency room. You are covered for the medical care you receive. However, in a non-emergency, call toll free (800) 810-BLUE (2583) to find a contracting provider near where you are staying.

Are my medical records kept confidential?

Yes. Blue Cross and Blue Shield is committed to keeping all specific member information confidential. Anyone who may need to review your records, such as health care practitioners, your medical group or Blue Cross and Blue Shield staff, is required to keep your information confidential.

We may need to review your medical record or claims data (for example, as part of an appeal that you request, a clinical quality improvement study or an audit of your medical group's performance). If so, we take precautions to keep your information confidential. In many cases, your identity will not be associated with this information.

We understand the importance of confidentiality and respect your right to privacy. A summary of our privacy practices is available at www.bcbsil.com or you may call Member Services at (800) 892-2803 to request a paper copy.



Enrolling | *In Your Blue Cross and Blue Shield HMO*

Now that you're ready to choose a Blue Cross and Blue Shield HMO, enrolling is easy. Search online at www.bcbsil.com or use the provider directory to choose a contracting medical group and primary care physician (PCP) in your network – BlueAdvantage HMO or HMO Illinois – for you and each covered family member. Then follow your employer's instructions to enroll. Be sure to include the pre-assigned three-digit number of the network medical group and the pre-assigned nine-digit number of the PCP.

For more information, call us at (800) 892-2803 from 8:30 a.m. to 5:00 p.m., weekdays or visit us at www.bcbsil.com.

Welcome to the HMOs of Blue Cross and Blue Shield of Illinois!

where awareness and prevention meet

be smart. be well.™



Smart choices can have an immediate and positive impact on your health. Blue Cross and Blue Shield of Illinois is committed to keeping you well by making you aware of largely preventable safety and health issues through our new Web site, www.besmartbewell.com



www.bcbsil.com



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