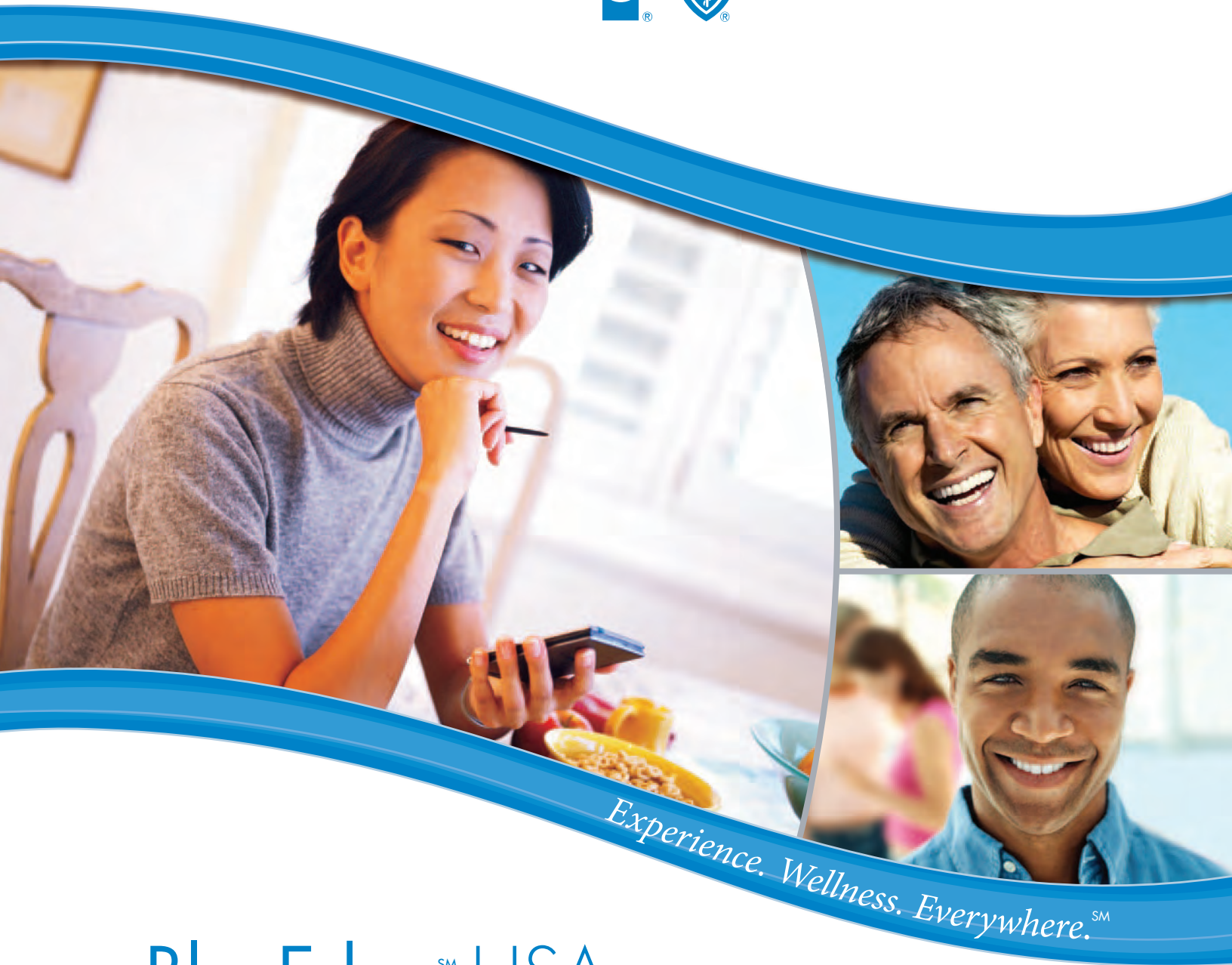




BlueCross BlueShield
of Illinois



Experience. Wellness. Everywhere.SM

BlueEdgeSM HSA BlueEdgeSM Select HSA

Your Guide to a Consumer-Directed Health Plan

Enrollment Guide

Contents

Experience. Wellness. Everywhere	1
BlueEdge Gives You Choices	2
Benefits Overview	3
How BlueEdge Works	9
Frequently Asked Questions	11
HIPAA	13

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 this Web site.

www.besmartbewell.com

where awareness and prevention meet

be smart. be well.™



The Choice for Nearly 1 in 3 Americans

Nearly one in every three Americans with health coverage has a Blue Cross and Blue Shield product.

Experience. Wellness. Everywhere.

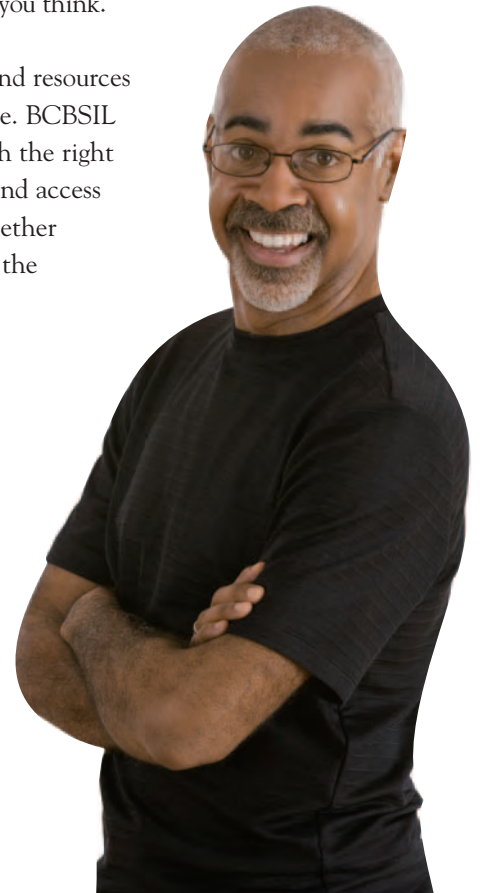
Preventive care is essential to maintaining a healthier life, and no one understands this better than Blue Cross and Blue Shield of Illinois (BCBSIL). For more than 70 years, we have provided quality health care benefits and services to our members and communities. Through our benefit plans, we provide members with the programs and support to create customized wellness action plans, make smarter health care choices and help manage their health care.

Your Journey to Wellness

Wellness is defined as the state of being healthy in body and mind, especially as the result of deliberate effort. The choices you make each day can affect your health now and in the future. Deciding on the best approach for a healthier lifestyle can be challenging, but it may be easier than you think.

We offer access to convenient online tools and resources to help you plan and manage your health care. BCBSIL health care plans include flexible options with the right combination of benefits, choice of providers and access to a wide variety of educational resources. Whether you are trying to improve your health or reach the next level of wellness, BCBSIL is here to help.

We invite you to explore what Blue Cross and Blue Shield of Illinois has to offer. Our coverage options, tools and resources can help you on your journey to Experience. Wellness. Everywhere.



**Blue Cross and
Blue Shield of Illinois**

**A leader in health
care benefits.**



BlueEdge | Gives You Choices

If you like to take charge of your health, be responsible for how you spend your health care dollars and enjoy using the power of the Internet to your advantage, then BlueEdge could be the right choice for you.

BlueEdge is a consumer-directed plan that lets you decide how, when and where your health care dollars are spent. BlueEdge combines a Participating Provider Option (PPO) with a tax-free Health Savings Account (HSA) to help cover the health care expenses you pay out of pocket, such as copayments and deductibles. The BlueEdge health benefit plan has four important components:

- **Preventive care and wellness visits** for adults and children are covered when you use in-network providers. You don't need to meet the deductible to enjoy these benefits.
- **Health plan benefits** begin after you meet the deductible. You have the freedom to choose any doctor whenever you need care.
- **Health Savings Account (HSA)** funds can be used to pay for health care expenses. The account can be funded by you and/or your employer. PPO-eligible medical expenses paid from the HSA count toward your annual deductible.
- **Online decision tools** help increase your awareness and knowledge of health issues and help you keep track of your health care expenses.

BlueEdge gives you the edge on health care

Anyone enrolling in this health plan should be aware of the IRS regulations. Under IRS Regulations, any adult can contribute to a Health Savings Account (HSA) if he/she:

- Has coverage under an HSA-qualified high deductible health plan (HDHP)
- Has no other first-dollar medical coverage (other types of insurance such as specific injury insurance or accident, disability, dental care, vision care, or long-term care insurance are permitted)
- Is not enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return

Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs), including products under our BlueEdge product portfolio have tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You may seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.

Benefits | Overview



BlueEdge gives you freedom of choice, flexibility and a broad range of benefits. When you receive care from contracting network providers, your benefits are paid at the highest level. You do not have to complete claim forms. Since contracting providers agree to the allowable amount as full payment, you are not responsible for any charges above the Blue Cross and Blue Shield of Illinois negotiated allowable amount when you receive care in the network. And you do not need a referral to see the doctor of your choice.

PPO Network

Use the Provider Finder® at www.bcbsil.com to see if your doctor is in the network or to search for another network physician. Or call BlueCard® Access toll free at (800) 810-BLUE (2583) for provider information. Once you become a member, you can also call the toll-free customer service number on the back of your member ID card for assistance in finding a doctor or hospital. Your member ID card includes your network information.

Once your health plan coverage begins, your out-of-pocket expenses include any plan-specific coinsurance. You always have the option to receive care from providers outside the network, but your benefits will be paid at a lower level and you may be responsible for charges in excess of the allowable amount.

Health Savings Account

A Health Savings Account (HSA) is a tax-exempt savings account, which may be available to you when you are covered by a high deductible health plan such as BlueEdge HSA. Contributions, potential interest gains and distributions from HSAs are tax free when they are used for qualified HSA medical expenses. You and/or your employer can make deposits to the account. Funds in the account can be used to pay for qualified medical expenses. PPO-eligible expenses count toward your annual deductible. HSA balances roll over from year to year and the account is portable, which means that you keep it even if you change jobs or retire.

Your Health Savings Account is administered by a separate custodian – not Blue Cross and Blue Shield. If your employer chooses Bank of New York Mellon as the HSA administrator, and you seek care from contracting providers, qualified medical expenses are automatically paid from your Health Savings Account at our discounted rate – with no out-of-pocket expenses or paperwork for you.* You may opt out of this automated process by contacting Mellon. If your employer chooses our other integrated banking custodian (HSA Bank), or another bank, you may use that bank's debit card, checkbook or your personal funds to pay for eligible HSA expenses.* If you have a Flexible Savings Account (FSA), check with your employer to confirm that you are eligible for an HSA. When you have both accounts, the FSA may only be used for limited purpose expenses such as dental and vision.

Using network providers gives you access to contracting hospitals, physicians, therapists, chiropractors, behavioral health professionals and other specialists.

*The relationship between Blue Cross and Blue Shield of Illinois and Bank of New York Mellon and HSA Bank is of independent contractors.



Benefits Overview *continued*

Deductible

You have a deductible to meet each benefit year, which is based on your particular benefit plan. The deductible must be satisfied before your health plan benefits begin. PPO-eligible expenses, such as physician office visits, outpatient surgery and diagnostic testing are applied toward your deductible. You can use your HSA funds to help meet the deductible.

Health Plan Benefits

Once you meet your deductible, your health plan benefits begin. This PPO plan has a higher deductible paired with a lower monthly premium contribution – a combination that may be more economical for you.

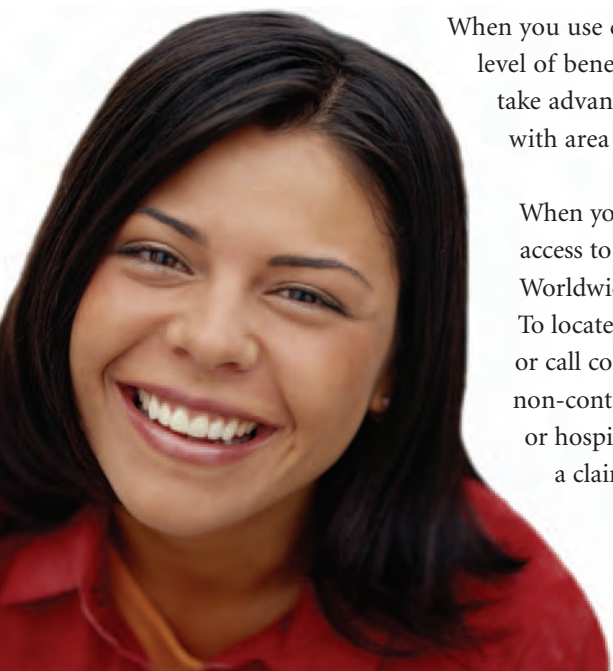
Emergency Care

If you (as a prudent layperson with an average knowledge of health and medicine) believe that you have an emergency, call 911 or go to the nearest emergency room. Your care will be covered (subject to your plan's deductible and any applicable copayments or coinsurance). If the emergency results in your being admitted to a hospital, you may be required to call the toll-free number on the back of your member ID card.

National and International Coverage

As a PPO member, you have nationwide access to contracting providers in the PPO networks linked through the BlueCard® Program when you or your covered family members live, work or travel anywhere in the country. You can locate network doctors and hospitals at www.bcbsil.com or by calling (800) 810-BLUE (2583).

Use HSA funds to help meet your annual deductible or leave them untouched to grow as a savings vehicle.



When you use contracting providers, you receive the highest level of benefits. You don't have to file claim forms and you take advantage of the savings the local plan has negotiated with area providers.

When you travel outside the United States, you have access to providers that participate in the BlueCard Worldwide® program in more than 200 countries. To locate a provider, call (800) 810-BLUE (2583) or call collect at (804) 673-1177. If you receive care from a non-contracting provider, you will have to pay the doctor or hospital for care at the time of service and then submit a claim for reimbursement.



Medical Care

Your plan may include coverage for*:

- outpatient hospital services
- physician office visits
- maternity care
- adult wellness
- well child care
- inpatient hospital services
- outpatient surgery and diagnostic tests
- mental health and chemical dependency
- rehabilitative therapy (such as physical, speech and occupational therapy)

*Ask your employer for specific details about your benefits, as levels of coverage may vary.

Online Tools Help You Manage Your Health and Your Health Care

To help determine if BlueEdge is the right health care benefit plan for you, use the [Health Plan Cost Estimator](#) and [Which Plan Is Right For Me?](#) tools at www.bcbsil.com. These will help answer questions about your health and health care expenses to see how BlueEdge fits your budget and your lifestyle.

After you've enrolled in BlueEdge, you can use [Blue Access® for Members](#), our secure online service, to review the status and activity of your Health Savings Account (if your account is with an administrator with whom we have a relationship), check the status of a claim, view your explanation of medical benefits and confirm who is covered under your plan.

Another feature gives you the option of receiving an e-mail when a claim for you or a dependent has been finalized by Blue Cross and Blue Shield. You can access Explanation of Benefits (EOB) information online and opt out of receiving paper copies.

Other tools for members:

- [Hospital Comparison Tool](#) — access individual hospital's outcome data for specific diagnoses and procedures. Quickly compare hospital performance factors such as average length of stay, how many procedures the hospital has performed, complication rates and the cost of various procedures.
- [Treatment Cost Advisor™](#) — obtain cost information for common health care services based on demographic and geographic data.

Reconstructive Surgery Following Mastectomy

Federal and state of Illinois legislation require group health plans and health insurers to provide coverage for reconstructive surgery following a mastectomy. Specifically, these laws state that health plans that cover mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for reconstruction of the breast on which the mastectomy was 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, including lymphedemas.

Your coverage may also include benefits for an annual mammogram. Check your group plan documents for details.

The tools you need to help manage both your well-being and your health care dollars are available online – just a click away. Once you are a member, you'll be able to see medical claims, EOBs and other information on [Blue Access® for Members](#), our secure Web site.



Benefits Overview *continued*

Blue Care Connection®

Blue Care Connection provides personalized attention, support, online resources and health advocacy, helping members find the right resources, optimize their health care benefits and manage their medical conditions.

Utilization and Case Management

These programs can help you understand your benefits and identify health care resources. Your plan may require you or your physician to call before being admitted for inpatient hospital care, after being admitted in an emergency and for maternity care (after you learn the expected date of delivery and after admission for delivery). The toll-free number and notification requirements are on your ID card. If you or your physician do not call within the required timeframe, your benefits may be reduced and you may have higher out-of-pocket costs.

Mental Health and Chemical Dependency

Behavioral health professionals help members find providers for mental health and chemical dependency treatment and certify members' inpatient or partial hospitalization. Staff members are available to take your call 24 hours a day, seven days a week.

Blue Care® Advisor

Registered nurses can assist members who qualify with questions about chronic conditions. They can help participants navigate the health care system and provide information about their conditions.

24/7 Nurseline

Call the 24/7 Nurseline at (800) 299-0274 for answers to your health-related questions 24 hours a day, seven days a week. Plus, you have the option to learn about more than 1,000 health topics over the phone using the audio library system.

Special Beginnings®

Special Beginnings helps expectant members better understand and manage their pregnancies by providing educational materials and support, including pregnancy risk assessment and monitoring. You also have access to a 24-hour, toll-free BabyLine staffed by maternity nurses.

Personal Health Manager

Numerous online tools and information help you manage your health care, whether you want to improve your overall health, manage a chronic health condition or prepare for a specific medical treatment. You can:

- Complete a Health Risk Assessment to identify your possible health risks.
- Create a personal health record for you and your family. With your permission, providers, family members and BCBSIL nurses can access your health records to help facilitate your care.

Nurses are available to answer health-related questions any time, day or night.





- Access multiple online health libraries to research health and medical information, including wellness tracking tools, videos and interactive tutorials.
- Find information on exercise, nutrition and lifestyle issues in the [For Your Health](#) section.
- Receive targeted wellness information via e-mail to help manage specific medical conditions, including alerts for screening tests, and set up reminders for medical appointments and medication refills.

Plus, you can earn Blue PointsSM each time you track a fitness workout, report a meal, use the “Ask A” features or engage in other activities in the [For Your Health](#) section of the Personal Health Manager. Blue Points can be redeemed for health improvement and other products at the Blue Points Redemption Center.*

Weight Management

This program offers guidance and support to help you lose weight. Use online tools to learn about a healthy weight, healthy eating habits and how to be more active. Set goals and create an action plan, receive coaching to help you change behaviors and stay motivated, and take advantage of wellness-related products and services. To get started, go to the Personal Health Manager and click the *Weight Loss* button or call customer service at the number on the back of your ID card.

Tobacco Cessation

If you want to quit smoking, this program can help you with online tools, support, coaching and discounts for wellness-related products and services. To participate, go to the Personal Health Manager and click the *Stop Smoking* button or contact customer service.

Prescription Benefits

If your benefits include prescription drug coverage with Blue Cross and Blue Shield, you have access to the Blue Cross and Blue Shield national pharmacy network. The network includes most national chain and independent pharmacies across the country. When you visit a network pharmacy and show your Blue Cross and Blue Shield ID card, the claim is processed immediately at the time of purchase and is based on your medical plan deductible, coinsurance and out-of-pocket limitations. You are only responsible for your share of the discounted price for the prescription.

Mail Service

You can receive up to a 90-day supply of maintenance medication delivered directly to you. Mail service claims are processed based on your medical plan deductible, coinsurance and out-of-pocket limitations and you are only responsible for your share of the discounted price of the prescription. You can request prescription refills, pre-register and update your registration profile online through our Web site at www.bcbsil.com.

Go to Blue Access[®] for Members at www.bcbsil.com to find these resources under the My Health tab. Click on the Personal Health Manager icon for

- Ask A Nurse: health issues
- Ask A Trainer: exercise advice
- Ask A Dietitian: nutrition questions
- Ask A Life Coach: manage stress, workplace conflicts and more

*Review the Blue Points Program Rules on the Personal Health Manager for complete information on the program. Program Rules are subject to change without prior notice.



Benefits Overview *continued*

BlueExtrasSM

Through the BlueExtras discount program, members are eligible to save money on value-added health care products and services that help support healthy lifestyles. There are no claims to file, no referrals and no pre-authorizations.

Vision Discount Program

Save on eye exams and eyewear, including frames, lenses, lens options and permanent contact lenses, through a national network of ophthalmologists, optometrists and opticians. You can also save on laser vision correction surgery and disposable contact lenses.

Hearing Aid Discount Program

Save on digital hearing aids and have your hearing tested for no additional charge when performed for the purpose of fitting a hearing instrument by a licensed hearing specialist. Enjoy a 45-day money back guarantee, a two-year warranty and a selection of hearing aid styles at various price levels.

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) 96-Jenny (800-965-3669) 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.* 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. In that case, you should use the medical plan benefits before the BlueExtras discount.

If you are a BCBSIL member, log on to Blue Access[®] for Members at www.bcbsil.com for more details about your BlueExtras discounts.

*The relationship between Blue Cross and Blue Shield of Illinois and Jenny Craig and Curves is of independent contractors.

BlueExtras gives all members discounts on a variety of health care products and services.





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

Year One

Christine's Health Savings Account annual contribution = \$3,000

Christine's annual family deductible = \$3,000

Frank and Christine had physicals and preventive care lab tests.†

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

Both children had annual physicals and routine immunizations.

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

Frank tore a ligament in his knee that required surgery.

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

Christine saw a dermatologist and had several moles removed.

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

All of the Health Savings Account money was spent so there was no amount to roll over to next year.

Year Two

Frank and Christine decide to contribute \$3,000 once again to their Health Savings Account at the beginning of the year.

Frank and Christine had physicals and preventive care lab tests.

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

Both children had annual physicals.

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

Christine saw her dermatologist for a follow-up visit.

- She paid for the \$175 visit with the HSA debit card, which also counted toward the deductible.

Frank participated in a smoking cessation program.

- The program cost \$450 and he paid for it with a check from the Health Savings Account. This expense did not count toward the deductible.

At the end of year two, \$2,375 remains in the Health Savings Account and this rolls over to the next year.

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

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

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



BlueEdge How it Works *continued*

Liz has BlueEdge HSA coverage through her employer. Her plan is paired with a Health Savings Account. The HSA administrator issues Liz a debit card and checks that can be used to pay for eligible health care expenses that aren't covered by the health plan.*

Year One

Liz's Health Savings Account annual contribution = \$1,500 (Liz contributes \$750 and her employer contributes \$750. The combined contribution cannot exceed the maximum determined annually by the IRS.)
Liz's annual deductible = \$1,500

Liz had a physical and preventive care lab tests.[†]

- \$225 was paid by the preventive care benefit.

She injured her back and saw a specialist in the network.

- Charges totaled \$315, which Liz paid with her Health Savings Account debit card.^{††} This amount was also applied to the deductible.

She had six physical therapy visits for her back with a physical therapist who is part of the network.

- Each therapy session cost \$175, for a total of \$1,050. Liz paid with her debit card and the total was applied to her deductible.

Liz broke her leg.

- Total charges were \$3,000. Liz paid \$135 from her debit card, which satisfied the annual \$1,500 deductible, leaving \$2,865. Health plan benefits paid 80 percent (\$2,292) and Liz paid her 20 percent coinsurance (\$573).

Liz used all the funds in her Health Savings Account.

Year Two

Liz and her employer each contributed \$750 to her Health Savings Account for a total of \$1,500. The annual deductible is \$1,500.

She had an annual physical and several preventive care lab tests.

- \$280 was paid by the preventive care benefit.

She had an eye exam and purchased a year's supply of contact lenses.

- Total charges were \$320, which Liz paid with her debit card. Charges for the eye exam count toward the deductible.

At the end of the year, Liz changed health plans. Her Health Savings Account is completely portable, so she kept the unspent funds to be used tax free for qualified medical expenses.

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

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

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

FAQ

Frequently Asked Questions

Your Health is a Personal Matter

We understand that your health care information should be treated confidentially, so we have procedures in place to help ensure that occurs.

Your doctors and other contracting providers must also comply with applicable laws, professional standards and policies regarding the confidential treatment of medical information.

How can I decide if BlueEdge is right for me?

You should first seek professional tax counsel to determine if your individual situation permits use of an HSA. Most people compare covered benefits, network providers, the cost of coverage and other out-of-pocket expenses when choosing a health plan. Since BlueEdge is a new type of health plan, we offer the [Which Plan Is Right For Me?](#) and [Health Plan Cost Estimator](#) tools on our Web site to help you decide. These tools include:

- A series of questions to help you decide if BlueEdge meets your needs
- A budgeting feature to assist in the plan selection process

How is BlueEdge different from a traditional health plan?

A traditional plan generally pays a percentage of the charges for covered medical expenses only after you satisfy a plan deductible or copayment. With BlueEdge, your routine preventive care and wellness services are covered. This BlueEdge plan is compatible with a Health Savings Account, so you can set aside tax free funds to help pay health care costs, including your annual deductible, or to accumulate funds like a savings account. Once you meet the deductible, health plan benefits begin. Any unused HSA funds roll over year to year and the account stays with you even if you change benefit plans, jobs or retire.

What is a Health Savings Account?

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

What happens to the HSA balance if I leave the BlueEdge plan?

You own the account. If you move to another HSA-qualified high deductible health plan, you can continue to make deposits to your HSA. Consult professional tax counsel for more information about HSA regulations.

Do I have to pay for preventive medical services from my Health Savings Account?

Most preventive medical services (e.g., routine physical exams, age-based testing and vaccinations) are covered when you receive care from in-network providers. Check your group plan documents for specific coverage details.

Frequently Asked Questions *continued*



How do I access my Health Savings Account funds?

If your employer chooses Bank of New York Mellon as the HSA administrator, and you use a network provider, the provider will automatically submit the claim for you. Our integrated claim process deducts the appropriate funds from your HSA and/or pays the claim from the health plan. You may opt out of this automated process by contacting Mellon. Regardless of the HSA administrator you use, your provider should always first submit your claim for processing so you receive benefits at the Blue Cross and Blue Shield negotiated rate. You can then use the debit card or checkbook issued by your HSA administrator, or your personal funds, to pay any balance due to your provider.*

Are my medical records kept confidential?

Yes. Blue Cross and Blue Shield is committed to keeping all specific member information confidential, especially your medical records. Anyone who may need to review your records, such as health practitioners, a 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). If so, we will take every precaution to keep your information confidential.

In many cases, your identity will not be associated with this information.

Use the *Which Plan Is Right For Me?* and *Health Plan Cost Estimator* tools at www.bcbsil.com to help you choose a health plan.

BlueEdge may be the right health plan if you:

- want to take a more active role in managing your health care
- prefer the freedom of choice that comes with a PPO plan
- like the idea of having a tax-free Health Savings Account to pay for health care and are willing to accept a higher deductible before health plan benefits begin
- value preventive care coverage
- are looking for tools to help manage your health and wellness, as well as your health care spending – and enjoy using the Internet

How to Enroll For More Information

Enrolling is easy – just follow your employer’s instructions to enroll or fill out an application. For more information, including checking if your doctor is in the network, visit our Web site at:

www.bcbsil.com

*Funds must be available in your Health Savings Account before you can use them to pay for medical services. Ask your employer when funds will be deposited to your account (each pay period, quarterly, annually, etc).



HIPAA Notice

Important Information



Notice of Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, in the future you may be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Notice of Pre-existing Condition Exclusion

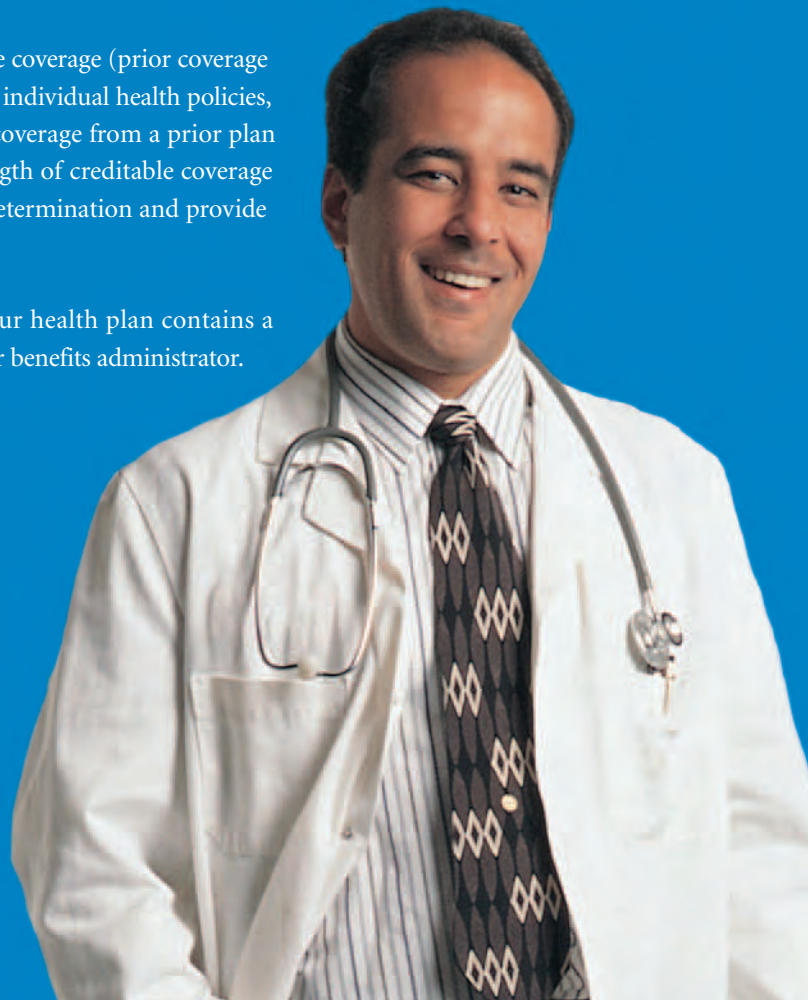
Under HIPAA, a pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period ending on the enrollment date in a health plan.

Your plan may include a pre-existing condition exclusion. If so, the pre-existing condition exclusion waiting period will not exceed 12 months beginning on the enrollment date. (For a late enrollee, the maximum waiting period is 18 months from the date coverage begins.) A pre-existing condition exclusion is inapplicable to a pregnancy or to a newborn child, or adopted child under age 18, who becomes covered within 30 days of birth or adoption. A genetic condition without advice, care or treatment is not a pre-existing condition.

If your plan contains a pre-existing condition exclusion, the existence of a pre-existing condition will be determined using information obtained relating to an individual's health status before his or her enrollment date.

The pre-existing condition waiting period is reduced by any creditable coverage (prior coverage under various plans including, but not limited to, group health plans, individual health policies, Medicare and Medicaid). You may obtain a certificate of creditable coverage from a prior plan sponsor or health insurance issuer. Should you disagree with the length of creditable coverage determined by your current plan, you have the right to appeal that determination and provide evidence of creditable coverage.

You should read and consult your schedule of benefits to see if your health plan contains a pre-existing condition exclusion. For further information, contact your benefits administrator.



www.bcbsil.com



BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.™